Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, M	Z501 Г 59620-2501		Due	to School Clerk June 1		
Elementary District Responsi	ble for Reimbursing the	Contract		County		Legal Entity
Clancy Elem				Jefferson		0452
High School or K-12 District F	Responsible for Reimbu	rsing the Contrac	t	County		Legal Entity
Is this contract shared bet ☐ yes ☐ no	tween elementary ar	nd high school?				
Are you applying for isola		□ No		Student Name	School	Grade
(If yes, please attach expl	anation) 142, MCA, provides for	increased reimbu	ursement		0011001	5.445
rates for special circumstance increased rates, individual cir trustees of the district, the co Public Instruction. (10.7.116 /	cumstances must be re unty transportation com	viewed and appro mittee, and the C	oved by the	Student Name	School	Grade
Check here only if increased District Trustees and the Cou	payment due to isolatio	n has been appro	oved by the	Student Name	School	Grade
Elem District Approval	es 🗆 no	itials		Student Name	School	Grade
County Approval				THIS CONTRACT IS I Grades 1-12	<u>:OR:</u>	
Parent or Guardian Name	e: (Please Print)			☐ 1st Semester Only	 2nd Semester Only 	y □ Both Semesters
Cindy Kokoruda Physical Address (street a	address only):			Pre-kindergarten/Kinde	ergarten □ 2nd Semester Only	y □ Both Semesters
Distance from home to ne Elementary 0 HS Contract is for one-wa Students in Each Grade Level - 0	S 0 earest bus stop, if an 0 y only	y (one way)	ontract. 9-12 Total	by this contract: To or from Bus Stop_ To or from School	times per day, thool Clerk June 1.	days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only)
insured driver will transpor In March and June, the Distransported for the past se The payment shall be com This contract shall termina Elementary School Distric Clancy Elem	or provide transportation for the students. Mileage constrict shall pay the parent the mester. puted on the basis of the set at the end of the school of the	Cor r the student(s) to ar ntracts are valid only e sum officially appro- chedule established year or when the stu- ard of Trustees	unty, hereinafter and from the school or I when transportation f oved in the application in Section 20-10-142,	, and school district (district), referred to as the District(so bus stop on the days when school is for the distance reported on the continuous certification by the teacher of MCA, and the information accompanionalled in school, whichever occurs to	in session. The parent or guardi ract actually occurs. principal of the school of the nun anying this contract.	ian assures that a licensed and mber of days the student(s) was
High School District	Chair, Boa	ard of Trustees				Date
		I attest th	at the above info	ormation is true and correct	i.	
Signature - Parent or Guard	lian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County		Legal Entity
Clancy Elem						Jefferson		0452
High School or K-12 D	istrict Responsit	ole for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residenc es must be revi portation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Deanna Bretch						-kindergarten/Kinder		
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters
Distance from home Elementary 7.2 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	is stop, if any	(one way)	s contract. 9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA REA REA REA REA REA REA RE	times per day,	days per week days per week days per week ly 1, retain a copy for your al to OPI by July 10, retain a late. ATE luse only)
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for the state of the parent the state basis of the sche	ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista tion upon certi 42, MCA, and	nce reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the ning this contract.	dian assures that a licensed and umber of days the student(s) was Date Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to Schoo	Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Clancy Elem						Jefferson		0452
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	d between el	ementary ar	nd high schoo	ol?	<u> </u>			
Are you applying for i			□ No		Stude	nt Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement				
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	ial circumstanc ne county trans	es must be re sportation com	eviewed and ap nmittee, and the	proved by the	Stude	nt Name	School	Grade
Check here only if increa	ased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School	Grade
		In □ no □ no	itials			nt Name	School	Grade
	□ yes □	no				CONTRACT IS FO s 1-12	<u> </u>	
Parent or Guardian N	iame: (Pleas	e Print)			☐ 1st	Semester Only	□ 2nd Semester Onl	y Both Semesters
Fred & Tami Pipp Physical Address (str		only):				ndergarten/Kinder Semester Only		y
Distance from home Elementary 8.6 Distance from home Elementary 0 Contract is for one Students in Each Grade Leventary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only	is stop, if an	y (one way)	s contract. 9-12 Total	Kinde by th To or To or Kinde To or To or PARE CLER files.	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Scho EKS: Send original ENTY SUPERINTEN for your files. RE (For dist	times per day,times per day,tool Clerk June 1.	days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only)
insured driver will tra 2. In March and June, transported for the p. 3. The payment shall b 4. This contract shall te	s: isport or provide t insport the studer he District shall past semester. e computed on the erminate at the en	ransportation fo nts. Mileage cor ay the parent th the basis of the si d of the school	r the student(s) to tracts are valid o e sum officially a chedule establish	County, hereinafor and from the school only when transportation proved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on tron for the distance ation upon certification.	o as the District(s). e days when school is in e reported on the contract	et actually occurs. rincipal of the school of the nuing this contract.	dian assures that a licensed and mber of days the student(s) was
Clancy Elem High School District		Chair, Boa	ard of Trustee	es				Date
			1	M4 W		- American Desire		
Signature - Parent or G	Suardian		I attest	tnat the above i	information is	s true and correct.	Date	
Signature - Parent or G	oudi Widii						Dale	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	_	Legal Entity	
Clancy Elem						Jefferson		0452	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
la this contract ober	ad batusan al	omonton, on	d bigb saba	NO.					
Is this contract share ☐ yes ☐ no	ea between ei	ementary ar	ia nign scho) וכ					
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	lent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	h explanation)	A provides for	increased rain	nhureomont	3 iuc	ent Name	301001		Grade
rates for special circum	nstances of isola	ition of resider	nce. In order t	o receive	Ctuc	lent Name	School		Grade
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the		Siuc	ent Name	Scriooi		Grade
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stuc	lent Name	School		Grade
Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	State	ent Name	301001		Grade
District Trustees and th			imittee. itials		Stuc	lent Name	School		Grade
Elem District Approval HS District Approval	•	□ no □ no			Siuc	ent Name	Scriooi		Grade
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly □ Both Se	mesters
John & Jeanie C	Slenn Lake				Dro	kindorgarton/Kindor	aartan		
Physical Address (s		only):				kindergarten/Kinder st Semester Only	garten	ly □ Both Se	mesters
					IZINI		VINDED CARTEN.	-	
						<u>DERGARTEN/PREM</u> dergarten child ride	SINDERGARTEN. es <u>with</u> other school-	age students a	lso covered
Distance from home Elementary 8	to nearest sc HS 0	hool (one wa	ay)		by t	his contract:	times per dev	dov	a nar waal
•					To d	r from Bus Stop r from School	times per day, times per day, times per day,	day	s per week s per week
Distance from home Elementary 0	to nearest but HS 0	is stop, if an	y (one way)		Kind	lergarten child ride	es <u>without</u> other scho	ool-age studen	ts:
,					To c	r from School	times per day, times per day,	day	s per week s per week
☐ Contract is for or	, ,							,	•
Students in Each Grade Le	evel - Only include	the students to b	be covered by thi	s contract.	<u>Dea</u>	adlines: ENTS: Due to Sch	ool Clerk June 1		
	Pre-K	К.	1-8	9-12					_
	Total	Total	Total	Total	CLE files		to County Supt by Jul	ly 1, retain a co	py for your
Regular Trans									
Spec. Ed. Trans						JNTY SUPERINTEN for your files.	IDENTS: Send origina	al to OPI by July	y 10, retain a
·					000	-	IMPLIBOEMENT D	A T.C.	
Room & Board							EIMBURSEMENT R rict, county and OPI	—	
Correspondence						(1 01 0100	not, county and or i	doc omy)	
Reg.						D. in-line			
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							•		
Agreement between	parent (parer	nt name)			. and	l school district (distr	rict name)		
	1 (1	,				,			,
(county name) The parties agree as follow				•		to as the District(s).			
						the days when school is in nce reported on the contract	session. The parent or guare ct actually occurs.	dian assures that a li	censed and
transported for the	past semester.	•	•		·		rincipal of the school of the nu	ımber of days the stu	ident(s) was
						the information accompany hool, whichever occurs firs			
Elementary School			ard of Truste					Date	
Clancy Elem High School District		Chair. Boa	ard of Truste	es				Date	
<u> </u>									
			l attes	that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Clancy Elem					Jefferson		0452
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Olddelli Hallie	Concor	Ciudo
rates for special circun increased rates, individ trustees of the district,	dual circumstand	ces must be re-	viewed and ap	pproved by the	Student Name	School	Grade
Public Instruction. (10.					Student Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	oproved by the	Student Name	Scriool	Grade
Elem District Approval	•	□ no	tials 		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Julie Gilchrist					Pre-kindergarten/Kinde	ergarten	
Physical Address (s	treet address	only):				☐ 2nd Semester Only	/ □ Both Semesters
					KINDERGARTEN/PRE		
Distance from home Elementary 9.8	e to nearest so	hool (one wa	ay)		by this contract:		ge students also covered days per week
Distance from home		ıs stop, if any	(one way)		To or from School Kindergarten child ric	times per day, _ les without other scho	days per week ol-age students:
Elementary 12.7	HS 0				To or from Bus Stop To or from School	times per day, _	days per week days per week
Contract is for o	, ,						
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sc	hool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origin files.	al to County Supt by Jul	/ 1, retain a copy for your
Regular Trans						NDENTO Consideration	Lts ODI has hala 40 mateirs a
Spec. Ed. Trans					copy for your files.	NDENIS: Send origina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	
Correspondence					(For dis	strict, county and OPI	use only)
Reg. Contingency					Reim	bursement rate is detern	 nined by
Spec. Ed. Contin.						20-10-142, MCA.	
A		-4 \				triat a same	
Agreement betweer	n parent (parei	nt name)			, and school district (dis		, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow				•	ter referred to as the District(s	,	
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid of	only when transportation	or bus stop on the days when school is on for the distance reported on the contr	act actually occurs.	
transported for the	past semester.		•		tion upon certification by the teacher or 42, MCA, and the information accompa		nber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school y		student(s) is no longe	r enrolled in school, whichever occurs fi		Date
Elementary School Clancy Elem		,					
High School District		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	nformation is true and correct		•
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620)-2501	Due	e to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
Clancy Elem			Jefferson		0452
High School or K-12 District Responsi	ble for Reimbursing the Con	tract	County		Legal Entity
Is this contract shared between el □ yes □ no	lementary and high scho	ol?	<u> </u>		<u> </u>
Are you applying for isolation stat			Student Name	School	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA) A, provides for increased rei	mbursement			
rates for special circumstances of isola increased rates, individual circumstand trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be reviewed and a sportation committee, and the	pproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	Student Name	School	Grade
	Initials		Student Name	School	Grade
	□ no		THIS CONTRACT IS FO	<u>)R:</u>	
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Tina Johnson			Pre-kindergarten/Kinder	narten	
Physical Address (street address	only):		☐ 1st Semester Only		□ Both Semesters
			KINDERGARTEN/PREI	KINDERGARTEN:	
Distance from home to nearest so Elementary 10.4 HS 0	chool (one way)		by this contract: To or from Bus Stop	times per day,	ge students also covered days per week
Distance from home to nearest but Elementary 4.9 HS 0	us stop, if any (one way)		Kindergarten child ride	es without other school	days per week ol-age students: days per week days per week days per week
□ Contract is for one-way only			10 01 110111 3011001	times per day,	days per week
Students in Each Grade Level - Only include	the students to be covered by the	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1	
Pre-K Total	K 1-8 Total Total	9-12 Total			1, retain a copy for your
Regular Trans				IDENTS: Condinated	to ODI but July 40 matein a
Spec. Ed. Trans			copy for your files.	IDEN 15: Send original	to OPI by July 10, retain a
Room & Board			RE	EIMBURSEMENT RA	TE
Correspondence			(For dist	rict, county and OPI	use only)
Reg.					
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	ined by
Spec. Ed. Contin.				20-10-142, WOA.	
	·				
Agreement between parent (pare	nt name)		, and school district (dist	rict name)	,
(county name)			er referred to as the District(s).		
(county name) The parties agree as follows:		•	r bus stop on the days when school is in		an assures that a licensed and
insured driver will transport the stude	nts. Mileage contracts are valid	only when transportation	n for the distance reported on the contra- ion upon certification by the teacher or p	ct actually occurs.	
transported for the past semester. 3. The payment shall be computed on the	he basis of the schedule establish	hed in Section 20-10-14	2, MCA, and the information accompany	ying this contract.	,
		student(s) is no longer	enrolled in school, whichever occurs firs		Date
Clancy Elem	,				
High School District	Chair, Board of Truste	ees			Date
	l attes	t that the above in	formation is true and correct.		•
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	-2501				r 2005- 2006 Il Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the	Contract			County	-	Legal Entity
High School or K-12 D	istrict Responsit	le for Reimbur	sing the Cont	ract		County		Legal Entity
Whitehall H S						Jefferson		0454
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high schoo	ol?				
Are you applying for (If yes, please attac ISOLATION: Section	h explanation)			nhura amant	Stude	ent Name	School	Grade
rates for special circun increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residen ses must be rev sportation com	ce. In order to viewed and ap mittee, and the	o receive oproved by the		ent Name	School	Grade
Check here only if incr District Trustees and the		portation Com	mittee.	proved by the	Stude	ent Name	School	Grade
Elem District Approval HS District Approval		no	ials 		Stude	ent Name	School	Grade
County Approval	no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 et Semester Only	□ 2nd Semester Onl	y Both Semesters
Don Bernard Physical Address (s	treet address	oulv).				kindergarten/Kinder		= D # 0
1 Hysical Address (s	il eet address	orny).				it Semester Only DERGARTEN/PREM		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 18	·			Kind by th To or To or Kind To or	ergarten child ride nis contract: from Bus Stop from School ergarten child ride from Bus Stop	times per day, times per day, times per day, _ s <u>without</u> other scho times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for o	, ,	the etudente te b	a account by thi	a aantraat		dlines:		
Students in Each Grade Lo				· · ·		ENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLEI files.	RKS: Send original	to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans						NTY SUPERINTEN for your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					СОРУ	,	IMBURSEMENT RA	ΔTF
Correspondence							rict, county and OPI	
Reg. Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WCA.	
Agreement betweer	n parent (parei	nt name)				school district (distr	rict name)	······································
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide t ransport the studer , the District shall p past semester. be computed on the	nts. Mileage cont yay the parent the	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	or bus stop on to on for the distantation upon certification, MCA, and the	ce reported on the contrac cation by the teacher or pone information accompany	ct actually occurs. rincipal of the school of the nu	lian assures that a licensed and mber of days the student(s) was
4. This contract shall Elementary School			rd of Truste		ei enrolled in sch	nool, whichever occurs firs	L.	Date
High School District	:	Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June	1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Whitehall Elem					Jefferson		0453
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attact ISOLATION: Section rates for special circum	20-10-142, MCA	A, provides for					
increased rates, individe trustees of the district,	dual circumstand the county trans	ces must be resportation com	viewed and apmittee, and th	oproved by the	Student Name	School	Grade
Public Instruction. (10. Check here only if incr	·	J	•	pproved by the	Student Name	School	Grade
District Trustees and the		sportation Com			Chudant Nama	Cabaal	Crada
Elem District Approval HS District Approval		□ no			Student Name	School	Grade
County Approval Parent or Guardian		□ no			THIS CONTRACT IS Grades 1-12		
		C 1 1111()			☐ 1st Semester On	y	y Both Semesters
Amy Rodriguez Physical Address (s		only):			Pre-kindergarten/Kir	ndergarten ly □ 2nd Semester Onl [,]	v □ Both Semesters
						REKINDERGARTEN:	y Bour composition
Distance from home		hool (one wa	ay)		Kindergarten child by this contract:	rides with other school-a	nge students also covered
Elementary 5	HS 0				To or from Bus Stop To or from School	times per day, _ times per day, _ rides <u>without</u> other scho	days per week days per week
Distance from home Elementary 0	e to nearest bu HS 0	is stop, if any	(one way)		Kindergarten child To or from Bus Stop	rides <u>without</u> other scho times per day, _ times per day, _	ol-age students: days per week
☐ Contract is for o	ne-way only				10 or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to	School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original	ginal to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files.		
Spec. Ed. Trans					copy for your files.	TENDENTS: Send origina	l to OPI by July 10, retain a
Room & Board						REIMBURSEMENT RA	
Correspondence					(For	district, county and OPI	use only)
Reg.					Po	imbursement rate is detern	ained by
Contingency Spec. Ed. Contin.					Re	20-10-142, MCA.	illied by
opeo. Lu. contini.							
Agreement between	n parent (parei	nt name)			, and school district (,
(county name) The parties agree as follow				-	ter referred to as the Distric		: Ab-ab- Bi
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportation	or bus stop on the days when school on for the distance reported on the cution upon certification by the teache	ontract actually occurs.	
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	hedule establish	ned in Section 20-10-1	42, MCA, and the information accord	npanying this contract.	
Elementary School			ear or when the ard of Truste		r enrolled in school, whichever occu	rs first.	Date
Whitehall Elem High School District	<u> </u>	Chair. Boa	ard of Truste	es			Date
		, = 30					
Signature Desert	Cuardian		I attes	t that the above i	nformation is true and corre		
Signature - Parent or	Guaruidii					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to School	Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract		(County		Legal Entity	
Whitehall Elem						Jefferson		0453	
High School or K-12 Dis	strict Responsib	ole for Reimbu	irsing the Conti	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	<u> </u>				
Are you applying for			□ No		Stude	nt Name	School	Grad	_
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased reim	nbursement	0.000		33.133.	5.4.	
rates for special circums increased rates, individu trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	es must be re sportation com	eviewed and ap nmittee, and the	proved by the	Stude	nt Name	School	Grad	de
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School	Grad	de
Elem District Approval		□ no	itials		Stude	nt Name	School	Grad	de
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:		
Parent or Guardian N	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester Onl	y	
Angel & Lance A					Pre-ki	ndergarten/Kinder	garten		
Physical Address (st	reet address	only):						y Both Semesters	
Distance from home Elementary 7.5 Distance from home Elementary 0 Contract is for on Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board	HS 0 to nearest bu HS 0 e-way only	is stop, if an	y (one way)	s contract. 9-12 Total	Kinde by thi To or To or Kinde To or To or To or PARE files. COUN	s contract: from Bus Stop from School rgarten child ride from Bus Stop from School dlines: NTS: Due to Scho KS: Send original ITY SUPERINTEN or your files.	times per day,times per day,tool Clerk June 1.	days per weed da	ek ek ek ek
Correspondence Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by	
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	s: nsport or provide t ansport the studer the District shall past semester. be computed on the erminate at the en	ransportation for this. Mileage corray the parent the basis of the school Chair, Boa	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf and from the school nly when transportation proved in the applicated in Section 20-10-1 student(s) is no longe	or bus stop on the on for the distance ation upon certificate.	o as the District(s). e days when school is in e reported on the contract	ct actually occurs. rincipal of the school of the nu	ian assures that a licensed and mber of days the student(s) was Date Date	
<u> </u>		, = 0							
			I attest	that the above i	information is	true and correct.			
Signature - Parent or (Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	_	Legal Entity		
Whitehall Elem						Jefferson		0453		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	d high school	ol?	<u>'</u>					
Are you applying for			□ No		Stud	ent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	7	one radino	Concor		Olddo	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	ent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School		Grade	
Elem District Approval			tials		Stud	ent Name	School		Grade	
HS District Approval	□ yes □	no			тин	THIS CONTRACT IS FOR:				
County Approval Parent or Guardian		no			Grad	les 1-12	<u> </u>			
		0 1 mm,			□ 19	st Semester Only	□ 2nd Semester On	ly ☐ Both Sei	mesters	
Bob & Tiffany Lo Physical Address (s		only):				kindergarten/Kinder st Semester Only	garten □ 2nd Semester On	ly □ Both Sei	mesters	
					KINI	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home Elementary 6	e to nearest sc HS 0	hool (one wa	ay)		Kind by th To o	lergarten child ride nis contract: r from Bus Stop	times per day, times per day,	davs		
Distance from home Elementary 0	to nearest but HS 0	is stop, if an	y (one way)		Kind To o	lergarten child rider r from Bus Stop	es <u>without</u> other scho times per day, times per day,	ool-age student days	s: s per week	
☐ Contract is for or	ne-way only						times per day, _	uays	pei week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea PAR	Idlines: ENTS: Due to Sch	ool Clerk June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original	to County Supt by Jul	ly 1, retain a cop	y for your	
Regular Trans										
Spec. Ed. Trans						for your files.	IDENTS: Send origina	al to OPI by July	10, retain a	
Room & Board							IMBURSEMENT R	—		
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.						Poimb	ursement rate is deter	mined by		
Contingency Spec. Ed. Contin.						Reimbi	20-10-142, MCA.	illiled by		
opec. Lu. Contin.										
Agreement between	n parent (parer	nt name)			, and	school district (distr	rict name)		,	
(county name)			(County, hereina	after referred	to as the District(s).				
	ansport or provide t						session. The parent or guard	dian assures that a lic	ensed and	
In March and June,	, the District shall p					ice reported on the contractication by the teacher or p	ct actually occurs. rincipal of the school of the nu	umber of days the stud	dent(s) was	
	be computed on th					he information accompany				
Elementary School			rear or when the ard of Truste		ger enrolled in sci	nool, whichever occurs firs	it.	Date		
Whitehall Élem High School District		Chair Box	ard of Truste	P S				Date		
riigii ocilooi Distiict		Chair, Bu	and on Truste					Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	_	Legal Entity		
Whitehall Elem						Jefferson		0453		
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u>'</u>					
Are you applying for			□ No		Stud	ent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	7	one radino	Concor		Craao	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of resider ces must be re sportation com	nce. In order to viewed and appointment of the mittee, and the	o receive oproved by the	Stud	ent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School		Grade	
Elem District Approval			itials		Stud	ent Name	School		Grade	
HS District Approval	□ yes □	no			тыс	THIS CONTRACT IS FOR:				
County Approval Parent or Guardian		no			Grad	les 1-12	<u> </u>			
	,	0 1 mm,			□ 1:	st Semester Only	□ 2nd Semester On	ly ☐ Both Ser	nesters	
Brad & Mike Ale Physical Address (s		only):				kindergarten/Kinder st Semester Only	garten □ 2nd Semester On	ly □ Both Ser	nesters	
					KINI	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home Elementary 8	e to nearest so HS 0	hool (one wa	ay)		by tl To o	nis contract: r from Bus Stop	times per day, times per day,	davs		
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kind To o	lergarten child rider r from Bus Stop	es <u>without</u> other scho times per day, times per day,	ool-age student days	s: per week	
☐ Contract is for or	ne-way only						times per day, _	uays	pei week	
Students in Each Grade Le	evel - Only include	the students to b	be covered by thi	s contract.	Dea	Idlines: ENTS: Due to Sch	ool Clerk June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original	to County Supt by Jul	ly 1, retain a cop	y for your	
Regular Trans										
Spec. Ed. Trans						for your files.	IDENTS: Send origina	al to OPI by July	10, retain a	
Room & Board							IMBURSEMENT R			
Correspondence						(For dist	rict, county and OPI	l use only)		
Reg.										
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by		
Spec. Ed. Contin.										
Agreement between	n parent (parer	nt name)			, and	school district (distr	rict name)		,	
(county name)			(County, hereina	after referred	to as the District(s).				
	ansport or provide t						session. The parent or guard	dian assures that a lic	ensed and	
In March and June,	, the District shall p					ice reported on the contraction by the teacher or p	ct actually occurs. rincipal of the school of the nu	umber of days the stud	dent(s) was	
	be computed on th					he information accompany				
Elementary School			year or when the ard of Truste		ger enrolled in sc	nool, whichever occurs firs	it.	Date		
Whitehall Élem High School District		Chair Bor	ard of Truste	P S				Date		
riigii ocilooi Distiict		Chail, Bu	ard or Truste					Date		
			I attes	that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	Box 202501 ena, MT 59620	0-2501				ol Clerk June 1		
Elementary District Re	esponsible for R	eimbursing the	Contract			County		Legal Entity
Whitehall Elem						Jefferson		0453
High School or K-12 [ble for Reimbu	ırsing the Con	tract		County		Legal Entity
Is this contract sha	red between e	lementary ar	nd high scho	ol?				
Are you applying fo	or isolation stat	tus? □ Yes	□ No		04		Ochool	01-
(If yes, please attaction: Section	ch explanation)	increased rei	mbursement	Stud	dent Name	School	Grade
rates for special circul increased rates, indivitrustees of the district Public Instruction. (10	dual circumstan, the county tran	ces must be re sportation com	eviewed and a nmittee, and the	pproved by the	Stud	dent Name	School	Grade
Check here only if inc	reased payment	due to isolation	n has been a	oproved by the	Stud	dent Name	School	Grade
District Trustees and the Elem District Approva	·		nmittee. itials		Stud	dent Name	School	Grade
HS District Approval County Approval	□ yes	□ no			THI	S CONTRACT IS FO	NR∙	
Parent or Guardian		no			Gra	des 1-12		
	`				□ 1	st Semester Only	□ 2nd Semester Only	y Both Semesters
Carolyn Nelson Physical Address (s		onlv):				kindergarten/Kinder		y □ Both Semesters
, , , , , , , , , , , , , , , , , , , ,		· ,,				·		y Doin Semesiers
Distance from hom Elementary 13 Distance from hom Elementary 0 Contract is for Contract is f	HS 0 e to nearest by HS 0 one-way only evel - Only include	us stop, if an	y (one way) be covered by th	9-12	Kin by to Took Kin Took Took Took Took Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch	times per day,times per day,times per day, es without other schotimes per day, times per day, times per day, ool Clerk June 1.	days per week days per week days per week
	Total	Total	Total	Total	CLE files		I to County Supt by July	y 1, retain a copy for your
Regular Trans							IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					cop	y for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						,	•	• ,
Reg. Contingency						Reimb	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
								<u> </u>
Agreement betwee	n parent (pare	nt name)			, and	d school district (dist	rict name)	,
(county name)		, <u> </u>				to as the District(s).		
The parties agree as follo		transportation fo		• • • • • • • • • • • • • • • • • • • •		()		lian assures that a licensed and
insured driver will	transport the stude	ents. Mileage coi	ntracts are valid	only when transportati	ion for the dista	nce reported on the contra	ct actually occurs.	mber of days the student(s) was
	Il be computed on t					the information accompany		
4. This contract shal Elementary School			year or when the ard of Truste		er enrolled in se	chool, whichever occurs fire	st.	Date
Whitehall Elem High School Distric	t	Chair Bo	ard of Truste	ees				Date
	•	Chair, Bo	a o. 11aole					23.0
			I attes	t that the above	information	is true and correct.		
Signature - Parent o	r Guardian				-		Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Du	e to School Clerk Ju	une 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Whitehall Elem					Jefferso	nn	0453
High School or K-12 D	istrict Responsit	ole for Reimbu	irsing the Conf	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for					
rates for special circun increased rates, individ	dual circumstand	es must be re	viewed and ap	oproved by the	Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr				proved by the	Student Name	School	Grade
District Trustees and the	ne County Trans		nmittee. itials		Student Name	School	Crada
Elem District Approval HS District Approval		□ no □ no					Grade
		no			THIS CONTRA Grades 1-12	CT IS FOR:	
Parent or Guardian	name: (Pleas	e Print)			☐ 1st Semeste	er Only	y Both Semesters
Cindy & Joe Par Physical Address (s		only):			Pre-kindergarte		
1 Hysical Address (s	il eet address	Offig).			☐ 1st Semeste	er Only	y Both Semesters
						EN/PREKINDERGARTEN: child rides <u>with</u> other school-a	age students also covered
Distance from home Elementary 13	e to nearest so HS 0	hool (one wa	ay)		by this contract	ct:	
•					To or from Scho	Stop times per day, _ ool times per day, _	days per week
Distance from home Elementary 0	HS 0	is stop, ir an	y (one way)		Kindergarten of To or from Bus	child rides <u>without</u> other scho Stop times per day.	ol-age students: days per week
□ Contract is for o	ne-way only				To or from Scho	Stop times per day, _ ool times per day, _	days per week
Students in Each Grade Lo	, ,	the students to I	be covered by th	is contract.	Deadlines:		
	Pre-K	K	1-8	9-12	PARENTS: Du	ue to School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Sen- files.	d original to County Supt by Jul	y 1, retain a copy for your
Regular Trans							
Spec. Ed. Trans					copy for your fil	ERINTENDENTS: Send originates.	al to OPI by July 10, retain a
Room & Board						REIMBURSEMENT RA	ATE
Correspondence						(For district, county and OPI	use only)
_							
Reg. Contingency						Reimbursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20-10-142, WCA.	
Agreement betweer	n parent (parei	nt name)			, and school dis	trict (district name)	,
(county name)				County, hereinaf	ter referred to as the D	District(s).	
	ansport or provide t		r the student(s) t	o and from the school	or bus stop on the days when	school is in session. The parent or guard	lian assures that a licensed and
In March and June	, the District shall p				on for the distance reported or ation upon certification by the t	n the contract actually occurs. teacher or principal of the school of the nu	mber of days the student(s) was
	be computed on th				42, MCA, and the information er enrolled in school, whicheve		
Elementary School			ard of Truste		willowe		Date
Whitehall Elem High School District		Chair, Boa	ard of Truste	es			Date
			1 -44-	t that the che	information is torrect	a arra et	
Signature - Parent or	Guardian		ı attes	t triat the above	information is true and	Date	
2.5ui i aiciii Oi						2410	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, M	иг 59620-29	501		Du	ie to Scho	ol Clerk June 1			
Elementary District Respon	sible for Reim	bursing the	Contract			County		Legal Entity	
Whitehall Elem						Jefferson		0453	
High School or K-12 District	t Responsible	for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared b ☐ yes ☐ no	etween elem	nentary an	d high schoo	ol?					
Are you applying for isol		? □ Yes	□ No		Stud	lent Name	School	Grade	
(If yes, please attach ex ISOLATION: Section 20-1	planation) 0-142, MCA, p	provides for	increased rein	nbursement	01.00		3 3 3 3.	5.445	
rates for special circumstan increased rates, individual of trustees of the district, the of Public Instruction. (10.7.116	circumstances county transpo	must be re rtation com	viewed and ap mittee, and the	proved by the	Stud	lent Name	School	Grade	
Check here only if increase District Trustees and the Co	d payment due	e to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
	yes □ n	10	tials			lent Name	School	Grade	
County Approval					THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Nan	ie: (Please F	Print)			□ 1	st Semester Only	☐ 2nd Semester Only	y Both Semesters	
Coleen Shepherd Physical Address (stree	t address on	ly):				kindergarten/Kinder st Semester Only		y Both Semesters	
Distance from home to nearest school (one way) Elementary 13 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						his contract: or from Bus Stop or from School dergarten child ride or from School adlines: EENTS: Due to Scho RKS: Send original or for your files. RECTOR SCHOOL REC	times per day, tool Clerk June 1.	days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only)	
insured driver will transp 2. In March and June, the I transported for the past s 3. The payment shall be co	isportation for Mileage con the parent the pasis of the so of the school y Chair, Boa	the student(s) to tracts are valid of e sum officially all chedule establish rear or when the and of Truster	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the distantation upon certif	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was Date Date		
riigii ocilool Distilct	District Chair, Board of Trustees							Date	
			I attest	that the above	information	is true and correct.			
Signature - Parent or Gua	rdian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	ue to Schoo	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity	
Whitehall Elem						Jefferson		0453	
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	d between el	ementary ar	nd high schoo	ol?					
Are you applying for i			□ No		Stud	ent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement]	cht Hame	Concor	Orduc	
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	stances of isola lal circumstand ne county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap nmittee, and the	o receive proved by the	Stud	ent Name	School	Grade	
Check here only if increa	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade	
Elem District Approval HS District Approval		In □ no □ no	itials		Stud	ent Name	School	Grade	
County Approval	□ yes □	no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N	lame: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters	
	Darlene & Bill Werke Physical Address (street address only):					kindergarten/Kinder st Semester Only		y Both Semesters	
Darlene & Bill Werke Physical Address (street address only): Distance from home to nearest school (one way) Elementary 4 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN r for your files. RE RE RE RE RE RE RE RE RE R	times per day, tool Clerk June 1.	days per week da	
insured driver will tra 2. In March and June, to transported for the polyment shall be	ransportation fo nts. Mileage cor ay the parent th the basis of the si d of the school	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longer	fter referred I or bus stop on ion for the distartation upon certif 142, MCA, and t	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was		
High School District		Chair, Boa	ard of Truste	es				Date	
		<u> </u>	l attest	that the above	information	is true and correct.		<u> </u>	
Signature - Parent or 0	Guardian		1 411001				Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the	Contract	ntract County				Legal Entity			
Whitehall Elem						Jefferson		0453			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	d high school	ol?	<u>'</u>						
Are you applying for			□ No		Stud	ent Name	School		Grade		
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	7	one radino	Concor		Olddo		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	ent Name	School		Grade		
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School		Grade		
Elem District Approval			tials		Stud	ent Name	School		Grade		
HS District Approval	□ yes □	no			THIS CONTRACT IS FOR-						
County Approval Parent or Guardian		no e Print)			Grad	THIS CONTRACT IS FOR: Grades 1-12					
		0 1 mm,			□ 1:	st Semester Only	□ 2nd Semester On	ly ☐ Both Sei	mesters		
David Soennich Physical Address (s		only):				kindergarten/Kinder st Semester Only	garten □ 2nd Semester On	ly □ Both Sei	mesters		
					KINI	DERGARTEN/PRE	(INDERGARTEN:				
Distance from home Elementary 7	Distance from home to nearest bus stop, if any (one way)				Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week						
Distance from home Elementary 0	to nearest bu HS 0	is stop, if an	y (one way)		Kind To o	lergarten child rider r from Bus Stop	es <u>without</u> other scho	ool-age student days	s: s per week		
☐ Contract is for or	ne-way only						times per day, _	uays	pei week		
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea	Idlines: ENTS: Due to Sch	ool Clerk June 1				
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.						
Regular Trans											
Spec. Ed. Trans						for your files.	IDENTS: Send origina	al to OPI by July	10, retain a		
Room & Board							IMBURSEMENT R				
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.						Doimb.	ursement rate is deter	minod by			
Contingency						Reillibi	20-10-142, MCA.	mineu by			
Spec. Ed. Contin.											
Agreement between	n parent (parer	nt name)			, and	school district (distr	rict name)		,		
(county name)			(County, hereina	after referred	to as the District(s).					
	ansport or provide t						session. The parent or guard	dian assures that a lic	ensed and		
In March and June,	, the District shall p					ice reported on the contractication by the teacher or p	ct actually occurs. rincipal of the school of the nu	umber of days the stud	dent(s) was		
transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-											
4. This contract shall terminate at the end of the school year or when the student(s) is no long. Elementary School District Chair, Board of Trustees				ger enrolled in sc	nooi, whichever occurs firs	it.	Date				
Whitehall Élem High School District	Chair, Board of Trustees							Date			
riigii ocilooi Distilct		Chair, Board of Trustees				Date					
I attest that the above in					information	is true and correct.					
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501			school Year 20 ue to School C				
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	ounty		Legal Entity	
Whitehall Elem					Je	efferson		0453	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract		ounty		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Student	Name	School	Grade	_
(If yes, please attaction: Section	h explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement		T danie	Concor	Grade	•
rates for special circum increased rates, individ	nstances of isola	ation of resider	nce. In order t	o receive	Student	Name	School	Grade	e e
trustees of the district, Public Instruction. (10.				e Office of					
Check here only if incr	·	J	· ·	proved by the	Student	Name	School	Grade	ē
District Trustees and the		sportation Com		, ,			· · · · · · · · · · · · · · · · · · ·		_
Elem District Approval HS District Approval		□ no □ no			Student	Name	School	Grade	е
County Approval	□ yes	□ no			THIS CO Grades	ONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)				emester Only	□ 2nd Semester On	ly Both Semesters	
Dawn & Michae					Pre-kind	lergarten/Kinder	rgarten		
Physical Address (s	treet address	only):			□ 1st S	emester Only	☐ 2nd Semester On	lly Both Semesters	
							KINDERGARTEN:	age students also cover	·od
Distance from home		chool (one wa	ay)		by this	contract:			
Elementary 10	HS 0				To or fro	om Bus Stop om School	times per day, times per day,	days per week days per week	∢ k
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if an	y (one way)		Kinderg	garten child rid	es <u>without</u> other sch	ool-age students: days per week	
•					To or fro	om School	times per day,	days per week	K
☐ Contract is for o Students in Each Grade L	, ,	the students to b	be covered by th	is contract.	Deadli	ines:			
	Pre-K	к	1-8	9-12			nool Clerk June 1.		
	Total	Total	Total	Total		S: Send origina	al to County Supt by Ju	ly 1, retain a copy for your	٢
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTE! your files.	NDENTS: Send origin	al to OPI by July 10, retain	ı a
Room & Board						RI	EIMBURSEMENT R	ATE	
Correspondence						(For dis	trict, county and OP	I use only)	
Reg.									
Contingency						Reimb	oursement rate is deter 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							20 10 112, 111071.		
Agreement between	n parent (pare	nt name)			, and scl	hool district (dist	trict name)		_,
(county name)				County, hereinat	fter referred to a	as the District(s)			
	ansport or provide							dian assures that a licensed and	
In March and June	, the District shall p			only when transportati approved in the application				umber of days the student(s) was	
	be computed on the			ned in Section 20-10-					
Elementary School			ard of Truste		o. omoneu m seneul,	ionever occurs III:	<u> </u>	Date	
Whitehall Elem High School District	:	Chair, Boa	ard of Truste	es				Date	
			Lattes	t that the chave	information is to	rue and correct			
Signature - Parent or	Guardian		raues	t that the above	iiiiOiiiialiOii iS [[ue and correct.	Date		
							1		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Dι	ie to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
Whitehall Elem					Jefferson		0453
High School or K-12 D	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	A, provides for					
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	ual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Student Name	School	Grade
Check here only if incre	·	J	ŕ	proved by the	Student Name	School	Grade
District Trustees and th		portation Con		,p. 6 * 6 4 5 4 1 1 6			
Elem District Approval HS District Approval		□ no □ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS Grades 1-12	FOR:	
Parent or Guardian	Parent or Guardian Name: (Please Print)					□ 2nd Semester Onl	y Both Semesters
Debra & Billy St					Pre-kindergarten/Kind	lergarten	
Physical Address (s	treet address	only):			☐ 1st Semester Only	☐ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 6.5 Distance from home Elementary 0 Contract is for on Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if an	y (one way)	is contract. 9-12 Total	KINDERGARTEN/PR Kindergarten child r by this contract: To or from Bus Stop To or from School Kindergarten child r To or from Bus Stop To or from School Deadlines: PARENTS: Due to S CLERKS: Send origifiles. COUNTY SUPERINT copy for your files. (For deadlines)	times per day, times	days per week
insured driver will to 2. In March and June, transported for the 3. The payment shall 4. This contract shall Elementary School	rs: nsport or provide to ansport the studer the District shall past semester. be computed on the terminate at the er	rransportation for this. Mileage cor you the parent the the basis of the sy do of the school	r the student(s) to tracts are valid of e sum officially a chedule establish	County, hereinal o and from the school only when transportati pproved in the applica ned in Section 20-10- student(s) is no longer	, and school district (differ referred to as the District or bus stop on the days when school on for the distance reported on the containing upon certification by the teacher of the distance reported on the containing upon certification by the teacher of the distance reported in school, whichever occurs are removed in school, whichever occurs	s in session. The parent or guard tract actually occurs. or principal of the school of the nu	
Whitehall Elem High School District							Date
			1 -44	4 4b a4 4b c - 5	information in terror and a		
Signature - Parent or	Guardian		ı attes	t that the above	information is true and correct	Date	
Jighalare - Farent Of	-uui ulail					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ie to School Cl	erk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Cou	nty	-	Legal Entity	
Whitehall Elem					Jef	ferson		0453	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Con	tract	Cou	nty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Student N	Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ	lual circumstand	es must be re	viewed and a	oproved by the	Student N	Name	School		Grade
trustees of the district, the Public Instruction. (10.7)				e Office of	Ct. do at 1	1	Cahaal		Orada
Check here only if incre District Trustees and th				proved by the	Student N	vame	School		Grade
Elem District Approval	·		itials		Student N	Name	School		Grade
HS District Approval County Approval	□ yes □	□ no			THIS CO	NTRACT IS FO	DR:		
Parent or Guardian					Grades 1		 ☐ 2nd Semester Only	v □ Both Se	emesters
Denise Bausch						•	•	y Bourec	medicio
Physical Address (st	treet address	only):				ergarten/Kinder mester Only	2nd Semester Only	y 🗆 Both Se	mesters
					KINDER	GARTEN/PREI	KINDERGARTEN:		
Distance from home	to nearest so	hool (one w	ay)		Kinderga by this c		es <u>with</u> other school-a	age students a	Iso covered
Elementary 20	HS 0				To or fror	n Bus Stop	times per day, _	day	s per week
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kinderga To or from	arten child riden Bus Stop	times per day, _ es <u>without</u> other scho	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or from	n School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	<u>Deadlii</u>		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by Jul	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans					copy for y		IDENTS: Send origina	ıl to OPI by Jul	/ 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and sch	ool district (dist	rict name)		,
(county name) The parties agree as follow	/s:			County, hereinat	ter referred to as	s the District(s).			
insured driver will tr	ransport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	on for the distance rep	orted on the contra	session. The parent or guard ct actually occurs.		
transported for the	past semester.				ation upon certification		rincipal of the school of the nur	niber of days the stu	uent(s) was
	terminate at the er	d of the school		student(s) is no longe	er enrolled in school, v			Date	
Whitehall Elem									
High School District	oool District Chair, Board of Trustees							Date	
			I attes	t that the above	information is tru	ie and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Du	Due to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity		
Whitehall Elem					Jefferson		0453		
High School or K-12 D	istrict Responsit	ole for Reimbu	irsing the Cont	ract	County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for			□ No		Student Name	School	Grade		
(If yes, please attack ISOLATION: Section 2)	h explanation) 20-10-142, MCA	A, provides for	increased rein	mbursement			0.000		
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.1)	lual circumstand the county trans	ces must be re sportation com	eviewed and ap nmittee, and the	proved by the	Student Name	School	Grade		
Check here only if incre	•	Ţ.	ŕ	inroved by the	Student Name	School	Grade		
District Trustees and th		sportation Con		proved by the					
Elem District Approval		□ no			Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Parent or Guardian Name: (Please Print)					□ 2nd Semester Onl	y Both Semesters		
Jennifer Hoerau					Pre-kindergarten/Kind	lergarten			
Physical Address (s	treet address	only):				2nd Semester Onl	y Both Semesters		
					KINDERGARTEN/PF				
Distance from home Elementary 9	e to nearest so HS 0	chool (one w	ay)		by this contract:		age students also covered days per week days per week		
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kindergarten child r To or from Bus Stop_	ides <u>without</u> other scho times per day, _	ol-age students: days per week		
□ Contract is for o	ne-way only				To or from School _	times per day, _	days per week		
Students in Each Grade Le	evel - Only include	the students to	be covered by thi	is contract.	Deadlines:	ala a al Olamba Ivos a 4			
	Pre-K	K	1-8	9-12	PARENTS: Due to S	chool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send original files.	nal to County Supt by Jul	y 1, retain a copy for your		
Regular Trans						ENDENTS. Conductions	ul to ODI by July 10, rotoin o		
Spec. Ed. Trans					copy for your files.	ENDENTS: Send origina	al to OPI by July 10, retain a		
Room & Board						REIMBURSEMENT RA	ATE		
Correspondence						istrict, county and OPI			
Reg.									
Contingency					Reir	mbursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.						20-10-142, WOA.			
Agreement between	n parent (parei	nt name)			, and school district (c	listrict name)			
(county name)				County hereinaf	ter referred to as the District	(s)			
The parties agree as follow		transportation fo		•	or bus stop on the days when school	` ,	lian assures that a licensed and		
In March and June,	, the District shall p				on for the distance reported on the col ation upon certification by the teacher		mber of days the student(s) was		
transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-1.					42, MCA, and the information accomp	panying this contract.			
Elementary School			year or when the ard of Truste		er enrolled in school, whichever occurs	TIFST.	Date		
Whitehall Elem High School District	Whitehall Élem						Date		
		Criair, Do	01 110316				3410		
			I attes	t that the above	information is true and corre	ot.			
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620)-2501		Du	Due to School Clerk June 1				
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
Whitehall Elem					Jefferson		0453		
High School or K-12 Di	strict Responsil	ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for			□ No		Student Name	School	Grade		
(If yes, please attack ISOLATION: Section 3	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Student Name	School	Grade		
Check here only if incre	·	, ,	ŕ	proved by the	Student Name	School	Grade		
District Trustees and th		sportation Con		proved by the					
Elem District Approval		□ no			Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:			
Parent or Guardian Name: (Please Print)					Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y		
Jinney Lombard	i				Pre-kindergarten/Kinde	ergarten			
Physical Address (s	treet address	only):				☐ 2nd Semester Only	y Both Semesters		
					KINDERGARTEN/PRE				
Distance from home Elementary 5	to nearest so HS 0	chool (one wa	ay)		by this contract:		days per week days per week days per week		
Distance from home Elementary 0	to nearest bu	us stop, if an	y (one way)		Kindergarten child ric To or from Bus Stop	les <u>without</u> other scho times per day, _	ol-age students: days per week		
□ Contract is for or	ne-way only				To or from School	times per day, _	days per week		
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.	Deadlines:				
	Pre-K	K	1-8	9-12	PARENTS: Due to Sc	hool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send origin files.	al to County Supt by Jul	y 1, retain a copy for your		
Regular Trans									
Spec. Ed. Trans					copy for your files.	NDEN 15: Send origina	I to OPI by July 10, retain a		
Room & Board					R	EIMBURSEMENT RA	ATE		
Correspondence						strict, county and OPI			
Reg.									
Contingency					Reim	bursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.						20-10-142, WGA.			
Agreement between	parent (pare	nt name)			, and school district (dis	strict name)			
(county name)				County hereinaf	ter referred to as the District(s)			
The parties agree as follow		transportation fo		•	or bus stop on the days when school is	,	ian assures that a licensed and		
In March and June,	the District shall p				on for the distance reported on the contration upon certification by the teacher or		mber of days the student(s) was		
transported for the 3. The payment shall	be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-1	42, MCA, and the information accompa	nying this contract.			
Elementary School I			year or when the ard of Truste		er enrolled in school, whichever occurs for	rst.	Date		
Whitehall Elem High School District	/hitehall Élem						Date		
g Sonooi District		Cridii, BO					34.0		
			I attes	t that the above	information is true and correct				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Whitehall Elem			Jefferson	0453			
High School or K-12 District Responsi	ble for Reimbursing the Con	ntract	County	Legal Entity			
Is this contract shared between e □ yes □ no	lementary and high scho	ool?	<u> </u>	·			
Are you applying for isolation stat (If yes, please attach explanation			Student Name School	ol Grade			
ISOLATION: Section 20-10-142, MC/ rates for special circumstances of isola increased rates, individual circumstan- trustees of the district, the county trans	A, provides for increased rei ation of residence. In order ces must be reviewed and a sportation committee, and the	to receive pproved by the	Student Name School	ol Grade			
Public Instruction. (10.7.116 ARM provided in the Check here only if increased payment	due to isolation has been a	pproved by the	Student Name School	ol Grade			
	sportation Committee. Initials □ no □ no □ no		Student Name School	ol Grade			
County Approval	□ no		THIS CONTRACT IS FOR:				
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12 ☐ 1st Semester Only ☐ 2nd Set	mester Only Both Semesters			
Joellen & Tim Cheetham Physical Address (street address	only):		Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Set	mester Only Both Semesters			
Distance from home to nearest so Elementary 4 HS 0 Distance from home to nearest be Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (one way)		by this contract: To or from Bus Stop	s per day, days per week s per day, days per week s per day, days per week other school-age students: s per day, days per week s per day, days per week s per day, days per week			
insured driver will transport the stude In March and June, the District shall transported for the past semester. The payment shall be computed on the past semester.	transportation for the student(s) nts. Mileage contracts are valid pay the parent the sum officially the basis of the schedule establis	County, hereinaf to and from the school only when transportati approved in the applica thed in Section 20-10-1 e student(s) is no longe	ter referred to as the District(s). or bus stop on the days when school is in session. The point for the distance reported on the contract actually occur tition upon certification by the teacher or principal of the so	rs. chool of the number of days the student(s) was			
· ·							
	Lattes	st that the above	information is true and correct.				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to School C	lerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract		Со	unty	<u> </u>	Legal Entity
Whitehall Elem					Je	efferson		0453
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		unty		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?				
Are you applying for			□ No		Student	Name	School	Grade
(If yes, please attach ISOLATION: Section 2	0-10-142, MCA	, provides for						
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	ual circumstand ne county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Student	Name	School	Grade
Check here only if incre	·	J	ŕ	inroved by the	Student	Name	School	Grade
District Trustees and the		portation Con		provou by the				
Elem District Approval HS District Approval		no			Student	Name	School	Grade
		no			THIS CO Grades	ONTRACT IS FO	DR:	
Parent or Guardian N	Parent or Guardian Name: (Please Print) Kayleen Highert					emester Only	□ 2nd Semester Only	/ □ Both Semesters
Kayleen Hiebert	Kayleen Hiebert Physical Address (street address only):					ergarten/Kinder	garten	
Physical Address (st	reet address	only):						/ □ Both Semesters
Distance from home to nearest school (one way) Elementary 6 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Regular Trans Spec. Ed. Trans					Kinderg by this of To or fro To or fro Kinderg To or fro To or fro Deadli PAREN CLERKS files.	arten child ride contract: Im Bus Stop Im School Im School Im Bus Stop Im School Im Sc	times per day,times per day,	days per week days per week / 1, retain a copy for your I to OPI by July 10, retain a
Room & Board							EIMBURSEMENT RA	
Correspondence						(), 5, 6,	,	
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
insured driver will tra In March and June, transported for the p The payment shall be this contract shall be	ransportation for the substitution for the parent the basis of the substitution of the school of the	r the student(s) to tracts are valid of e sum officially a chedule establish year or when the	only when transportati pproved in the applica ned in Section 20-10-1 student(s) is no longe	or bus stop on the don for the distance reation upon certification.	as the District(s). ays when school is in a ported on the contra in by the teacher or promation accompany	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and inber of days the student(s) was	
Elementary School D Whitehall Elem	District	Chair, Boa	ard of Truste	es				Date
High School District								Date
			l attes	t that the above	information is tr	ue and correct.		
Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena,	MT 59620-	-2501		Du	ie to Scho	ol Clerk June 1			
Elementary District Respo	nsible for Rei	imbursing the	Contract			County	<u> </u>	Legal Entity	
Whitehall Elem						Jefferson		0453	
High School or K-12 Distri	ict Responsibl	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared ☐ yes ☐ no	between ele	ementary ar	nd high school	ol?					
Are you applying for iso		ıs? □ Yes	□ No		Stuc	lent Name	School	Grade	
(If yes, please attach e ISOLATION: Section 20-	xplanation) 10-142, MCA	, provides for	increased rein	nbursement	Olde	ioni vaine	Consor	Grade	
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.1	circumstance county transp	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	lent Name	School	Grade	į
Check here only if increas District Trustees and the 0	ed payment d	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	!
Elem District Approval HS District Approval		Ini no no	itials			lent Name	School	Grade	i
County Approval	□ yes □	no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Na	me: (Please	e Print)				st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Konni & Larry Smi Physical Address (street	th et address c	only):				kindergarten/Kinderg st Semester Only		/ □ Both Semesters	
Distance from home to nearest school (one way) Elementary 3.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						his contract: or from Bus Stop or from School dergarten child ride or from School adlines: EENTS: Due to Scho RKS: Send original or for your files. RECTOR SCHOOL REC	times per day, times per day, times per day, ses without other school-atimes per day, times per day, times per day, times per day, ool Clerk June 1.	days per week days per week days per week 7 1, retain a copy for your I to OPI by July 10, retain ATE use only)	
insured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be 4. This contract shall term Elementary School Dis Whitehall Elem	ransportation for ts. Mileage cor ay the parent the e basis of the so d of the school y Chair, Boa	r the student(s) to tracts are valid of e sum officially al chedule establish year or when the and of Truster	County, hereinaf o and from the school nly when transportation oproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on on for the distantation upon certif	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nun ing this contract.	an assures that a licensed and nber of days the student(s) was	.5	
High School District	Chair, Board of Trustees							Date	
			I attest	that the above	information	is true and correct.			
Signature - Parent or Gu	ıardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Whitehall Elem					Jefferson		0453
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?			•
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Olddellt Hame	Concor	Grade
rates for special circun increased rates, individ					Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	·	J	·	proved by the	Student Name	School	Grade
District Trustees and the		sportation Com		,			
Elem District Approval HS District Approval	•	□ no □ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS FOR	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Maria Walker Physical Address (s	troot addraga	anh ()			Pre-kindergarten/Kinder		
Physical Address (s	ireer address	oriiy).			☐ 1st Semester Only	☐ 2nd Semester Only	y Both Semesters
					KINDERGARTEN/PRE	KINDERGARTEN:	ge students also covered
Distance from home Elementary 5	e to nearest so HS 0	chool (one wa	ıy)		by this contract:		
•			,		To or from Bus Stop To or from School	times per day, _ times per day, _	days per week days per week ol-age students:
Distance from home Elementary 0	e to nearest bu HS 0	is stop, if any	(one way)		Kindergarten child rid To or from Bus Stop	es <u>without</u> other scho times per day.	ol-age students: davs per week
□ Contract is for o	ne-way only				To or from School	times per day,	days per week
Students in Each Grade Lo	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send original files.	l to County Supt by July	y 1, retain a copy for your
Regular Trans						WEENTS O. 1	0011 11 40 41
Spec. Ed. Trans					copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board					RI	EIMBURSEMENT RA	ATE
Correspondence						trict, county and OPI	
Reg.							
Contingency					Reimb	oursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20-10-142, WCA.	
Agreement betweer	n parent (parer	nt name)			, and school district (dis	trict name)	
(county name)				County, hereinaf	ter referred to as the District(s)		
	ansport or provide t				or bus stop on the days when school is i		ian assures that a licensed and
insured driver will t 2. In March and June transported for the	, the District shall p	nts. Mileage con pay the parent the	tracts are valid of sum officially a	only when transportation only when transportation in the application of the application o	on for the distance reported on the contra tion upon certification by the teacher or p	act actually occurs. orincipal of the school of the nur	mber of days the student(s) was
The payment shall	be computed on th				42, MCA, and the information accompaner enrolled in school, whichever occurs fir		
Elementary School Whitehall Elem			rd of Truste		,		Date
High School District		Chair, Boa	rd of Truste	es			Date
			Lattes	t that the above i	information is true and correct		
Signature - Parent or	Guardian		raues	t tilat tile above i	information is true and correct.	Date	
						i .	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Dι	ue to School Clerk June	e 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
Whitehall Elem					Jefferson		0453
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for					
rates for special circun increased rates, individ	dual circumstand	es must be re	viewed and ap	oproved by the	Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
District Trustees and the		portation Con		,			
Elem District Approval HS District Approval		□ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT Grades 1-12	IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester C	Only 2nd Semester Onl	y Both Semesters
Mark & Tammy	Briggs				Pre-kindergarten/k		
Physical Address (s	treet address	only):			☐ 1st Semester C	Only 2nd Semester Onl	y Both Semesters
						/PREKINDERGARTEN:	
Distance from home		hool (one w	ay)		by this contract:		
Elementary 5	HS 0				To or from Bus Sto	op times per day, _ times per day, _	days per week days per week
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergarten chi	Id rides <u>without</u> other schoop times per day, times per day, _	ol-age students:
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to	be covered by thi	is contract.	Deadlines:	to School Clerk June 1.	
	Pre-K	_K	1-8	9-12			
	Total	Total	Total	Total	CLERKS: Send of files.	original to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COUNTY SUPER	INTENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files		arto or r by oury ro, retain a
Room & Board						REIMBURSEMENT R	ATE
Correspondence					(Fo	or district, county and OPI	use only)
Reg.							
Contingency					F	Reimbursement rate is deterr 20-10-142, MCA.	nined by
Spec. Ed. Contin.						· · · , ·	
Agreement betweer	n parent (parei	nt name)			, and school distric	ct (district name)	,
(county name)			(County, hereinat	fter referred to as the Dist	rict(s).	
	ansport or provide t					nool is in session. The parent or guard	dian assures that a licensed and
	, the District shall p				ion for the distance reported on the ation upon certification by the tead	e contract actually occurs. ther or principal of the school of the nu	mber of days the student(s) was
The payment shall	be computed on th				142, MCA, and the information accer enrolled in school, whichever or		
Elementary School Whitehall Elem			ard of Truste				Date
High School District		Chair, Boa	ard of Truste	es			Date
			Latter	t that the above	information is true and co	irrect	
Signature - Parent or	Guardian		ı alles	t that the above	inormation is true and co	Date	
						1	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, M	Z501 Г 59620-2501		Due to School Clerk	June 1				
Elementary District Responsi	ble for Reimbursing the	Contract	County		Legal Entity			
Whitehall Elem			Jeffer	rson	0453			
High School or K-12 District F	Responsible for Reimbu	rsing the Contract	County		Legal Entity			
Is this contract shared before a larger than the larger than	tween elementary an	d high school?						
Are you applying for isola		□ No	Student Nan	ne School	Grade			
(If yes, please attach expl	anation) 142, MCA, provides for	increased reimbursement			3.443			
rates for special circumstance increased rates, individual cir trustees of the district, the co Public Instruction. (10.7.116 /	es of isolation of residen cumstances must be re unty transportation com	ce. In order to receive viewed and approved by th mittee, and the Office of	Student Nan	ne School	Grade			
Check here only if increased District Trustees and the Cou	payment due to isolation	n has been approved by the	Student Nan	ne School	Grade			
Elem District Approval	es 🗆 no	tials	Student Nan		Grade			
County Approval				THIS CONTRACT IS FOR: Grades 1-12				
	e. (Please Pfifft)		□ 1st Seme	ester Only	Only Doth Semesters			
Michelle C. Morit Physical Address (street a	address only):			arten/Kindergarten ester Only □ 2nd Semester	· Only □ Both Semesters			
Distance from home to ne Elementary 0 HS Contract is for one-wa Students in Each Grade Level - 0	S 0 earest bus stop, if any 0 y only	(one way)	Kindergarte by this cont To or from B To or from S Kindergarte To or from B To or from S Deadlines PARENTS: CLERKS: S files.	tract: Bus Stop times per dischool Clerk June 1. Send original to County Supt by UPERINTENDENTS: Send or	ay, days per week ay, days per week ay, days per week school-age students: ay, days per week ay, days per week ay, days per week ay, days per week T RATE OPI use only) etermined by			
insured driver will transpor In March and June, the Distransported for the past se The payment shall be com This contract shall termina Elementary School Distric Whitehall Elem	or provide transportation for the students. Mileage constrict shall pay the parent the mester. puted on the basis of the school yet Chair, Boa	County, her the student(s) to and from the stracts are valid only when trans a sum officially approved in the hedule established in Section 2 ear or when the student(s) is not and of Trustees	reinafter referred to as the school or bus stop on the days we portation for the distance reported application upon certification by the school of the schoo	when school is in session. The parent or ad on the contract actually occurs. the teacher or principal of the school of t ation accompanying this contract.	guardian assures that a licensed and the number of days the student(s) was			
High School District	Chair, Boa	rd of Trustees			Date			
		I attest that the at	oove information is true a	and correct.				
Signature - Parent or Guard	lian			Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Dι	ie to School Clerk June	e 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
Whitehall Elem					Jefferson		0453
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for					
rates for special circum increased rates, individ	dual circumstand	es must be re	viewed and ap	proved by the	Student Name	School	Grade
trustees of the district, Public Instruction. (10.)				e Office of			
Check here only if incre District Trustees and the		portation Con	nmittee.	proved by the	Student Name	School	Grade
Elem District Approval		□ no	itials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT	IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester C	Only 2nd Semester Onl	y Both Semesters
Rhonda L. Hobb					Pre-kindergarten/k	- Kindergarten	
Physical Address (s	treet address	only):				Only	y Both Semesters
						/PREKINDERGARTEN:	
Distance from home		hool (one w	ay)		by this contract:		
Elementary 15	HS 0				To or from Bus Sto	op times per day, _ times per day, _	days per week
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergarten chi	Id rides <u>without</u> other schoop times per day,	ol-age students:
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to	be covered by thi	is contract.	Deadlines:	to School Clerk June 1.	
	Pre-K	K	1-8	9-12			
	Total	Total	Total	Total	files.	original to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COUNTY SUPER	INTENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					(E.	REIMBURSEMENT R	··-
Correspondence					(FC	or district, county and OPI	use only)
Reg.						Reimbursement rate is deterr	nined by
Contingency Spec. Ed. Contin.						20-10-142, MCA.	illiled by
5,000. Ed. 00mm.							
Agreement betweer	n parent (parei	nt name)			, and school distric	ct (district name)	,
(county name) The parties agree as follow				-	fter referred to as the Dist		
insured driver will t	ransport the studer	nts. Mileage cor	ntracts are valid o	only when transportati	on for the distance reported on the		
transported for the	past semester.	•	•		,	ther or principal of the school of the nu	mber of days the student(s) was
 This contract shall 	terminate at the er	d of the school		student(s) is no longe	142, MCA, and the information accer enrolled in school, whichever oc		Date
Elementary School Whitehall Elem		,					
High School District		Chair, Boa	ard of Truste	es			Date
		<u> </u>	l attes	t that the above	information is true and co	rrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620	0-2501	D	ue to School Clerk June 1		
Elementary District Responsible for R	eimbursing the Conti	ract	County		Legal Entity
Boulder Elem			Jefferson		0456
High School or K-12 District Responsi	ible for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between e □ yes □ no	elementary and hig	h school?			
Are you applying for isolation state		No	Student Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC.		ased reimbursement		Concor	Ciudo
rates for special circumstances of isolincreased rates, individual circumstan trustees of the district, the county tran	ces must be reviewe sportation committee	d and approved by the e, and the Office of	Student Name	School	Grade
Public Instruction. (10.7.116 ARM pro	, and the second	,	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Tran-	sportation Committee				
	Initials □ no		Student Name	School	Grade
	□ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Theresa Jandert			Pre-kindergarten/Kinder	garten	
Physical Address (street address	only):		☐ 1st Semester Only		/ □ Both Semesters
			KINDERGARTEN/PREI	KINDERGARTEN:	
Distance from home to nearest so Elementary 19 HS 0	chool (one way)		by this contract:	· · · · · · · · · · · · · · · · · · ·	ge students also covered days per week
Distance from home to nearest be Elementary 10 HS 0	us stop, if any (on	e way)	To or from School Kindergarten child ride	times per day, _ es without other schoo	days per week pl-age students: days per week days per week days per week
☐ Contract is for one-way only			To or from School	times per day, _	days per week
Students in Each Grade Level - Only include	e the students to be cove	ered by this contract.	Deadlines:	a al Olamba bura a 4	
Pre-K		l-8 9-12	PARENTS: Due to Sch		
Total	Total To	otal Total	CLERKS: Send origina files.	I to County Supt by July	1, retain a copy for your
Regular Trans			COUNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.	DENTO: Ocha ongina	rto Or r by odry 10, retain a
Room & Board				EIMBURSEMENT RA	
Correspondence			(For dist	rict, county and OPI	use only)
Reg.					
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.					
Agreement between parent (pare	ent name)		, and school district (dist	rict name)	······································
(county name) The parties agree as follows:		County, hereina	ofter referred to as the District(s).		
 The parent shall transport or provide 			ol or bus stop on the days when school is in tion for the distance reported on the contra		an assures that a licensed and
In March and June, the District shall transported for the past semester.	pay the parent the sum	officially approved in the applic	cation upon certification by the teacher or p	rincipal of the school of the nur	nber of days the student(s) was
 The payment shall be computed on t This contract shall terminate at the e 	nd of the school year or	when the student(s) is no long	-142, MCA, and the information accompany ger enrolled in school, whichever occurs first		
Elementary School District Boulder Elem	Chair, Board of	Trustees			Date
High School District	Chair, Board of	Trustees			Date
		I attest that the above	information is true and correct.		1
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620	-2501	Due	to School Clerk June 1				
Elementary District Responsible for Re	eimbursing the Contract		County	<u> </u>	Legal Entity		
Montana City Elem			Jefferson		0460		
High School or K-12 District Responsib	ole for Reimbursing the Con	tract	County		Legal Entity		
Is this contract shared between el □ yes □ no	ementary and high scho	ol?	<u>'</u>				
Are you applying for isolation state			Student Name	School	Grade		
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased rei	mbursement	Otadent Hame	Consor	Ciddo		
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be reviewed and a sportation committee, and the	pproved by the	Student Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	Student Name School				
HS District Approval ☐ yes	Initials no		Student Name	School	Grade		
County Approval ☐ yes Parent or Guardian Name: (Pleas	no Drint)		THIS CONTRACT IS FO Grades 1-12	<u>)R:</u>			
·	e Fillit)		1st Semester Only	☐ 2nd Semester Only	□ Both Semesters		
Ann Seifert Physical Address (street address	only):		Pre-kindergarten/Kinder ☐ 1st Semester Only		□ Both Semesters		
Distance from home to nearest so Elementary 4.1 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	the students to be covered by the Total Total	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from Bus Stop To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,times p	days per week da		
insured driver will transport the studer In March and June, the District shall pransported for the past semester. The payment shall be computed on the transported for the past semester. This contract shall terminate at the erelementary School District Montana City Elem	cransportation for the student(s) thats. Mileage contracts are validing the parent the sum officially are basis of the schedule establising the basis of the schedule establising the schedule established es	County, hereinafte o and from the school or only when transportation approved in the applicationed in Section 20-10-142 student(s) is no longer of	, and school district (district referred to as the District(s). bus stop on the days when school is infor the distance reported on the contrain upon certification by the teacher or p. MCA, and the information accompany	session. The parent or guardi ct actually occurs. rincipal of the school of the nun ring this contract.	an assures that a licensed and		
High School District	Chair, Board of Truste	ees			Date		
	l attes	t that the above in	formation is true and correct.		<u> </u>		
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620	-2501	Due	to School Clerk June 1			
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity	
Montana City Elem			Jefferson		0460	
High School or K-12 District Responsib	ole for Reimbursing the Conf	tract	County		Legal Entity	
Is this contract shared between el □ yes □ no	ementary and high scho	ol?	<u> </u>			
Are you applying for isolation state			Student Name	School	Grade	
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A. provides for increased rein	mbursement	Otadent Name	Oction	Grade	
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In order to see must be reviewed and a sportation committee, and the	to receive oproved by the	Student Name	School	Grade	
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	pproved by the	Student Name School			
Elem District Approval	Initials □ no □ no		Student Name	School	Grade	
	no		THIS CONTRACT IS FOR: Grades 1-12	.		
Parent or Guardian Name: (Pleas	e Print)			2nd Semester Only	☐ Both Semesters	
Deborah Niehoff Physical Address (street address	only):		Pre-kindergarten/Kindergar		□ Both Semesters	
Distance from home to nearest so Elementary 6 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	is stop, if any (one way)	is contract. 9-12 Total	(For distric	times per day, times per day, times per day, without other schoo times per day, times per day, times per day, times per day, Clerk June 1.	days per week days per week l-age students: days per week days per week days per week 1, retain a copy for your to OPI by July 10, retain a	
insured driver will transport the studer In March and June, the District shall part transported for the past semester. The payment shall be computed on the	cransportation for the student(s) to the student state. Mileage contracts are valid or any the parent the sum officially and the basis of the schedule establish	County, hereinafter o and from the school or only when transportation approved in the application and in Section 20-10-142, student(s) is no longer e	, and school district (district referred to as the District(s). bus stop on the days when school is in see for the distance reported on the contract at n upon certification by the teacher or principal provided in school, whichever occurs first.	ssion. The parent or guardia ctually occurs. ipal of the school of the numt	n assures that a licensed and	
High School District	Chair, Board of Truste	es			Date	
	I attes	t that the above inf	formation is true and correct.			
Signature - Parent or Guardian				Pate		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, M	02501 1T 59620-2501		Du	e to School Clerk June 1		
Elementary District Respons	sible for Reimbursir	ig the Contract		County		Legal Entity
Montana City Elem				Jefferson		0460
High School or K-12 District	Responsible for Re	eimbursing the Cont	ract	County		Legal Entity
Is this contract shared be ☐ yes ☐ no	etween elementa	ry and high school	ol?	<u> </u>		
Are you applying for isola		∕es □ No		Student Name	School	Grade
(If yes, please attach exp ISOLATION: Section 20-10	olanation) 0-142, MCA, provid	es for increased reir	nbursement		35.1.55.	0.000
rates for special circumstand increased rates, individual c trustees of the district, the co Public Instruction. (10.7.116	ircumstances must ounty transportation	be reviewed and and committee, and the	proved by the	Student Name	School	Grade
Check here only if increased District Trustees and the Co	d payment due to is	olation has been ap	proved by the	Student Name	Grade	
Elem District Approval HS District Approval		Initials		Student Name	School	Grade
County Approval				THIS CONTRACT IS Grades 1-12	FOR:	
Parent or Guardian Nam	ie. (Piease Piiiii)			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Denise Btunett Physical Address (street	address only):			Pre-kindergarten/K	dergarten v □ 2nd Semester Only	y Both Semesters
☐ Contract is for one-w Students in Each Grade Level - C	HS 0 learest bus stop, S 0 ay only	if any (one way) this to be covered by thi	s contract. 9-12 Total	Kindergarten child by this contract: To or from Bus Stop To or from School Kindergarten child To or from Bus Stop To or from School Deadlines: PARENTS: Due to SCLERKS: Send origities. COUNTY SUPERINT copy for your files. (For Country Superior Country Superior School Schoo	times per day,times per day,	days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only)
insured driver will transport In March and June, the D transported for the past s The payment shall be cou This contract shall termin Elementary School Distri Montana City Elem	t or provide transporta ort the students. Milea istrict shall pay the pa emester. mputed on the basis o late at the end of the s ict Chair	tion for the student(s) to ge contracts are valid of ent the sum officially a fithe schedule establish chool year or when the r, Board of Truste	County, hereinaft o and from the school only when transportatic pproved in the applica ned in Section 20-10-1 student(s) is no longe	, and school district (of ter referred to as the District or bus stop on the days when school on for the distance reported on the coution upon certification by the teacher 42, MCA, and the information accomer enrolled in school, whichever occur	(S). is in session. The parent or guard ntract actually occurs. or principal of the school of the number of the school of the number of the school of the s	dian assures that a licensed and imber of days the student(s) was
High School District	Chai	, Board of Truste	es 			Date
		I attes	t that the above i	information is true and corre	ct.	
Signature - Parent or Guar	rdian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary Denot Responsible for Reimbursing the Contract D460 D46		a, MT 59620	-2501		Du	e to School	ol Clerk June 1				
In this contract shared between elementary and high school? yes	Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity		
In this contract shared between elementary and high school? yes	Montana City Fle	·m					Jefferson		0460		
Agreement between parent (parent name) Regular Trans Spec. Ed. Crotin. Pres. K. M. 1-8 9-12 Total Regular Trans Spec. Ed. Crotin. Pres. Correspondence Reg. Correspondence	High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract						
Agreement between parent (parent name) Regular Trans Spec. Ed. Crotin. Pres. K. M. 1-8 9-12 Total Regular Trans Spec. Ed. Crotin. Pres. Correspondence Reg. Correspondence											
Student Name School Grade Student Name School Grade Student Name School Grade Thustees of the Student, the county fransportation committee, and the Office of Public Instruction. (10.7-116 ARM) provides guidelines for such.) Check here only if forecasted payment due to solation base been approved by the District Insulates and the Office of Public Instruction. (10.7-116 ARM) provides guidelines for such.) Check here only if forecasted payment due to solation base been approved by the District Insulates and the Officer of Public Instruction. (10.7-116 ARM) provides guidelines for such.) Check here only if forecasted payment due to solation base been approved by the District Insulates and the Clurity Transportation Committee. Elien Dated Approval		d between el	ementary an	nd high schoo	ol?						
State Stat	, ,, ,			□ No		Stud	ent Name	School	Grade	_ e	
Interest of special circumstances of isolation of residence. In order to roceive increased rate, involvable circumstances and approved by the provided increased rate, individual circumstances and approved by the provided increased payment due to isolation to the control of th	(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement	0.00		3333.	0.000		
Student Name School Grade	rates for special circums increased rates, individu trustees of the district, the	tances of isola al circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	ent Name	School	Grade	ē	
Elem Bistrick Approval	Check here only if increa	District Trustees and the County Transportation Committee.					Student Name School				
Prevalue yes	HS District Approval		□ no						Grade	ē	
Douglas H. Martin Physical Address (street address only): Pre-kindergarten/kindergarten		□ yes □	no								
Physical Address (street address only): 1st Semester Only 2nd Semester Only Both Semesters	Parent of Guardian N	iame. (Pieasi	e Pilili)			□ 19	st Semester Only	☐ 2nd Semester Only	□ Both Semesters		
Distance from home to nearest school (one way) Elementary 6.1		only):						/ □ Both Semesters			
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Elementary 6.1 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency						lergarten child ride nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN r for your files. RE	times per day, times per day, times per day, times per day, swithout other school times per day,	days per week days per week pl-age students:	< < < < < < < < < < < < < < < < < < <	
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	(county name) The parties agree as follows 1. The parent shall tran insured driver will tra 2. In March and June, to transported for the program in the payment shall be the contract shall the Elementary School D	: sport or provide t nsport the studer he District shall p past semester. e computed on th rminate at the en	ransportation for its. Mileage con ay the parent the e basis of the so d of the school y	the student(s) to tracts are valid o e sum officially ap chedule establish year or when the	County, hereinafor and from the school only when transportation or the application of the	ter referred or bus stop on on for the distar ation upon certif 42, MCA, and t	to as the District(s). the days when school is in ice reported on the contrac ication by the teacher or pu	session. The parent or guardi et actually occurs. incipal of the school of the nur ing this contract.	an assures that a licensed and nber of days the student(s) was	_,	
			Chair, Boa	ard of Trustee	es				Date		
			<u> </u>	I attest	that the above i	information	is true and correct.			_	
	Signature - Parent or G	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Du	e to School Cle	rk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract		Coun	ty		Legal Entity
Montana City El	em				Jeff	erson		0460
High School or K-12 Di	strict Responsib	ole for Reimbu	irsing the Con	tract	Coun			Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?				
Are you applying for	isolation statu	us? □ Yes	□ No		Student Na	amo	School	Grade
(If yes, please attach ISOLATION: Section 2 rates for special circum	20-10-142, MCA	, provides for			Student Na	ame	School	Grade
increased rates, individ trustees of the district, Public Instruction. (10.7	ual circumstand the county trans	es must be re sportation com	eviewed and ap nmittee, and th	oproved by the	Student Na	ame	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	pproved by the	Student Na	ame	School	Grade
Elem District Approval HS District Approval	□ yes	In □ no	itials		Student Na	ame	School	Grade
County Approval		□ no □ no				ITRACT IS FO	<u>R:</u>	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-¹ □ 1st Sen		□ 2nd Semester Only	/ □ Both Semesters
Joan Higgins-Sr Physical Address (st	nith treet address	only):				garten/Kinderg	arten □ 2nd Semester Only	/ □ Both Semesters
					KINDERG	ARTEN/PREK	INDERGARTEN:	
Distance from home Elementary 3.6	to nearest sc HS 0	hool (one w	ay)		Kindergar by this co To or from	rten child ride entract: Bus Stop_	s <u>with</u> other school-a times per day,	ge students also covered days per week
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		To or from Kindergar	School rten child ride:	times per day, _ s <u>without</u> other schoo	days per week
□ Contract is for or	ne-way only				To or from	School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	<u>Deadlin</u>	es:		
	Pre-K	K	1-8	9-12	PARENTS	3: Due to Scho	ol Clerk June 1.	
	Total	Total	Total	Total	CLERKS: files.	Send original	to County Supt by July	1, retain a copy for your
Regular Trans						SUPERINTEN	DENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for yo		DENTO: Ocha ongma	Tto Of 1 by July 10, retain a
Room & Board						–	IMBURSEMENT RA	··-
Correspondence						(i oi disti	ict, county and Or 1	use offiy)
Reg. Contingency						Reimbu	rsement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parer	nt name)			, and school	ol district (distri	ct name)	,
(county name)				County, hereinaf	ter referred to as	the District(s).		
	nsport or provide t							ian assures that a licensed and
In March and June,	the District shall p				on for the distance repo ation upon certification b			nber of days the student(s) was
	be computed on th				42, MCA, and the infor			
Elementary School I			ard of Truste		or critolica ili School, Wi	inchever occurs illst	•	Date
Montana City Elem High School District		Chair, Boa	ard of Truste	es				Date
			- مللم ا	t that the character	information is twee	and same of		
Signature - Parent or	Guardian		ı attes	t triat trie above	information is true	and correct.	Date	
orginature - Mareill Of	ouai ulali						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena,	202501 MT 59620-2	2501		Du	ue to Scho	ol Clerk June 1		
Elementary District Respon	nsible for Reir	mbursing the	Contract			County	Legal Entity	
Montana City Elem	า					Jefferson		0460
High School or K-12 District	ct Responsible	e for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared to □ yes □ no	between ele	mentary an	d high schoo	ol?				
Are you applying for iso		s? 🗆 Yes	□ No		Stuc	lent Name	School	Grade
(If yes, please attach ex ISOLATION: Section 20-1	xplanation) 10-142, MCA,	provides for	increased rein	nbursement		ioni vaine	Concor	Grade
rates for special circumstar increased rates, individual trustees of the district, the Public Instruction. (10.7.11	nces of isolati circumstance county transp	ion of resider s must be re ortation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stuc	lent Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Stud	Grade		
HS District Approval	Initials em District Approval yes no District Approval yes no						School	Grade
County Approval	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>	
Parent or Guardian Nar	nie. (Piease	Pilili)			□ 1	st Semester Only	□ 2nd Semester Only	□ Both Semesters
John Ballantyne Physical Address (stree	et address o	nly):				kindergarten/Kinder st Semester Only	garten □ 2nd Semester Only	□ Both Semesters
Distance from home to nearest school (one way) Elementary 3.4 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						his contract: or from Bus Stop or from School dergarten child ride or from School adlines: EENTS: Due to Scho RKS: Send original or for your files. RECTOR SCHOOL REC	times per day, times per day, times per day, times per day, se without other school times per day, tool Clerk June 1.	days per week days per week days per week 1, retain a copy for your 1 to OPI by July 10, retain a TE use only)
insured driver will transp 2. In March and June, the transported for the past 3. The payment shall be c 4. This contract shall term Elementary School Dist Montana City Elem	ort or provide tra port the students District shall par semester. omputed on the inate at the end	ansportation for s. Mileage con y the parent the basis of the sc of the school y Chair, Boa	the student(s) to tracts are valid o e sum officially ap chedule establish rear or when the ard of Trustee	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longer	fter referred I or bus stop on ion for the dista ation upon certi 142, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nun ing this contract.	an assures that a licensed and other of days the student(s) was
High School District		Cnair, Boa	ard of Trustee	es 				Date
			I attest	that the above	information	is true and correct.		
Signature - Parent or Gua	ardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	, MT 59620	-2501		Du	e to School	ol Clerk June 1				
Elementary District Resp	onsible for Re	imbursing the	Contract			County		Legal Entity		
Montana City Elei	m					Jefferson		0460		
High School or K-12 Distr	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract shared ☐ yes ☐ no	between ele	ementary ar	nd high school	ol?						
Are you applying for is			□ No		Stud	ent Name	School	Grad	_ 1e	
(If yes, please attach e ISOLATION: Section 20	explanation) -10-142, MCA	, provides for	increased rein	nbursement	Olda	chi rame	Consor	Orac		
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isolated circumstance county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	proved by the	Stud	ent Name	School	Grad	- le	
Check here only if increase	Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Initials					Student Name School				
	□ yes □	no				ent Name	School	Grad	le	
County Approval Parent or Guardian Na		no			THIS CONTRACT IS FOR: Grades 1-12					
	airie. (Fiease	e Fillit)			□ 1:	st Semester Only	☐ 2nd Semester Only	□ Both Semesters		
Karen Ferguson Physical Address (stre	eet address o	only):				kindergarten/Kinderg st Semester Only		/ □ Both Semesters		
Distance from home to nearest school (one way) Elementary 3.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to School RKS: Send original ENTY SUPERINTEN for your files. RE RE RE RE RE RE RE RE RE R	times per day, times per day, times per day, swithout other schoot times per day, tool Clerk June 1.	days per wee days per wee days per wee / 1, retain a copy for you I to OPI by July 10, retain ATE use only)	k k k k	
insured driver will tran 2. In March and June, th transported for the pa 3. The payment shall be	port or provide tr sport the studen e District shall pr st semester. computed on the minate at the en	ransportation for tts. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the distar ation upon certif	to as the District(s). the days when school is in	et actually occurs. incipal of the school of the nur ing this contract.	an assures that a licensed and other of days the student(s) was		
High School District		Chair, Boa	ard of Trustee	es				Date		
		l	I attest	that the above	information	is true and correct.		l		
Signature - Parent or G	uardian		. 3				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	x 202501 a, MT 59620	-2501		Du	ie to Schoo	ol Clerk June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity	
Montana City Ele	m					Jefferson		0460	
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared ☐ yes ☐ no	d between ele	ementary ar	nd high schoo	ol?	<u>'</u>				
Are you applying for i			□ No		Stud	ent Name	School	Grad	 1e
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement		on rame	Consor	Grac	
rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7.	al circumstanc ne county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	ent Name	School	Grad	de
Check here only if increa	sed payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grad	de
	□ yes □	no	itials			ent Name	School	Grad	de
County Approval Parent or Guardian N		no				S CONTRACT IS FO les 1-12	<u>)K:</u>		
	anie. (Fieasi	e Fillit)			□ 19	st Semester Only	☐ 2nd Semester Only	□ Both Semesters	
Kay Bills-Kazimi Physical Address (str	eet address	only):				kindergarten/Kinderg st Semester Only		/ □ Both Semesters	
Distance from home to Elementary 4 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leven Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only	is stop, if an	y (one way)	s contract. 9-12 Total	Kind by th To o To o Kind To o To o Dea PAR CLE files.	nis contract: r from Bus Stop r from School ergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original entry SUPERINTEN for your files. RE RE RE RE RE RE RE RE RE R	times per day, tool Clerk June 1.	days per weed da	ek ek ek
insured driver will tra 2. In March and June, the transported for the part of the payment shall be	: sport or provide to sport the studer he District shall past semester. e computed on the rminate at the en	ransportation for the substitution for the parent the basis of the substitution of the school of the	r the student(s) to tracts are valid o e sum officially al	County, hereinal or and from the school only when transportati proved in the applicated in Section 20-10-student(s) is no longer	fter referred for bus stop on ion for the distar- ation upon certif	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ing this contract.	an assures that a licensed and nber of days the student(s) was	
High School District		Chair, Boa	ard of Trustee	es				Date	
			I attest	t that the above	information	is true and correct.		l	
Signature - Parent or G	uardian		. 3				Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620)-2501	Du	e to School Clerk June 1	
Elementary District Responsible for Re	eimbursing the Contract		County	Legal Entity
Montana City Elem			Jefferson	0460
High School or K-12 District Responsit	ole for Reimbursing the Co	ntract	County	Legal Entity
Is this contract shared between el ☐ yes ☐ no	ementary and high sch	ool?		
Are you applying for isolation state			Student Name School	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased re	eimbursement	56066	0.440
rates for special circumstances of isola increased rates, individual circumstance			Student Name School	Grade
trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov		he Office of		
Check here only if increased payment	,	approved by the	Student Name School	Grade
District Trustees and the County Trans		,,,		
	□ no		Student Name School	Grade
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only ☐ 2nd Seme	ester Only Both Semesters
Kelly Johnson			Pre-kindergarten/Kindergarten	
Physical Address (street address	only):		☐ 1st Semester Only ☐ 2nd Seme	ester Only Both Semesters
			KINDERGARTEN/PREKINDERGART Kindergarten child rides with other	
Distance from home to nearest so	chool (one way)		by this contract:	_
Elementary 3.1 HS 0			To or from Bus Stop times p To or from School times p	per day, days per week per day, days per week
Distance from home to nearest but Elementary 0 HS 0	us stop, if any (one way)	Kindergarten child rides without off To or from Bus Stop times p To or from School times p	ner school-age students:
□ Contract is for one-way only			10 or from Schooltimes p	ber day, days per week
Students in Each Grade Level - Only include	the students to be covered by	this contract.	<u>Deadlines:</u> PARENTS: Due to School Clerk June	s 1
Pre-K	K 1-8	9-12		
Total	Total Total	Total	CLERKS: Send original to County Su files.	pt by July 1, retain a copy for your
Regular Trans			COUNTY SUPERINTENDENTS: Ser	nd original to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.	id original to or 1 by odly 10, retain a
Room & Board			REIMBURSEN	.2.1
Correspondence			(For district, county a	and OPI use only)
Reg.				
Contingency			Reimbursement rate 20-10-142	
Spec. Ed. Contin.				
Agreement between parent (paren	nt name)		, and school district (district name)	······································
(county name)		County, hereinaft	er referred to as the District(s).	
			or bus stop on the days when school is in session. The par	ent or guardian assures that a licensed and
			on for the distance reported on the contract actually occurs. tion upon certification by the teacher or principal of the scho	ool of the number of days the student(s) was
The payment shall be computed on the			42, MCA, and the information accompanying this contract. r enrolled in school, whichever occurs first.	
Elementary School District Montana City Elem	Chair, Board of Trust			Date
High School District	Chair, Board of Trust	ees		Date
	l atte	st that the above i	nformation is true and correct.	
Signature - Parent or Guardian	i alle	or that the above i	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Montana City El	em					Jefferson		0460
High School or K-12 Di	strict Responsib	le for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary and	d high schoo	ol?				
Are you applying for (If yes, please attacl			□ No		Stud	lent Name	School	Grade
ISOLATION: Section 2 rates for special circum	20-10-142, MCA	, provides for i						
increased rates, individ trustees of the district, Public Instruction. (10.7)	ual circumstanc the county trans	es must be revenues portation comr	viewed and ap mittee, and the	proved by the	Stud	lent Name	School	Grade
Check here only if incre	·	J	ŕ	proved by the	Stud	lent Name	School	Grade
District Trustees and th		portation Com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u>.</u>
Elem District Approval HS District Approval		no			Stud	lent Name	School	Grade
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	<u>DR:</u>	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Kimette Giard Physical Address (s	treet address	only):				kindergarten/Kinder		
i fiyalcal Address (s	ireet address	orny).				•	□ 2nd Semester On	ly Both Semesters
Distance from home Elementary 3.6 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kine by t To c To c Kine To c To c PAR CLE files	his contract: or from Bus Stop_ or from School dergarten child ride or from School adlines: EENTS: Due to Sch ERKS: Send origina UNTY SUPERINTEN or for your files. RE RE RE RE RE RE RE RE RE R	times per day, times	days per week days per week days per week ly 1, retain a copy for your al to OPI by July 10, retain a ATE I use only)
insured driver will to 1. In March and June, transported for the 3. The payment shall 4. This contract shall Elementary School	rs: nsport or provide t ransport the studer the District shall p past semester. be computed on th	ransportation for its. Mileage cont ay the parent the e basis of the scl d of the school ye	the student(s) to racts are valid c sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on on for the dista ation upon certi	nce reported on the contra	n session. The parent or guar ct actually occurs. rincipal of the school of the nu ring this contract.	dian assures that a licensed and umber of days the student(s) was
Montana City Elem High School District		Chair, Boa	rd of Truste	es				Date
Signature - Parent or	Guardian		I attest	t that the above	ınformation	is true and correct.	Date	
Signature - Parent Of	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Du	e to School Clerk Jur	ne 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
Montana City El	lem				Jeffersor	1	0460
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	<u>h explanation)</u> 20-10-142, MC <i>F</i>	A, provides for	increased rein	mbursement		3333.	0.000
rates for special circun increased rates, individ	dual circumstand	ces must be re	viewed and a	pproved by the	Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr				proved by the	Student Name	School	Grade
District Trustees and the	ne County Trans		nmittee. itials		Student Name	School	Grade
Elem District Approval HS District Approval		□ no □ no					Grade
	□ yes	□ no			THIS CONTRAC Grades 1-12	T IS FOR:	
Parent or Guardian	name: (Pleas	e Print)			□ 1st Semester	Only 2nd Semester Onl	y Both Semesters
Marty & Michelle Physical Address (s	e Tuttle	only):			Pre-kindergarten		- D # O
1 Trysloai 7 tauress (s	arcot address	omy).				Only 2nd Semester Onl	y Both Semesters
						N/PREKINDERGARTEN: nild rides <u>with</u> other school-a	age students also covered
Distance from home Elementary 3.1	e to nearest so HS 0	thool (one w	ay)		by this contract		
Distance from home	to pogrost by	is stop if an	v (ono wav)		To or from School	ol times per day, _	days per week
Elementary 0	HS 0	13 3top, 11 ari	y (one way)		To or from Bus S	hild rides without other schoot top times per day, _ ol times per day, _	days per week
□ Contract is for o	ne-way only				To or from School	ol times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to	be covered by th	is contract.	Deadlines:	to School Clerk June 1.	
	Pre-K	K	1-8	9-12			
	Total	Total	Total	Total	files.	original to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COUNTY SUPE	RINTENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your file		
Room & Board						REIMBURSEMENT RA	··-
Correspondence					(F	or district, county and OPI	use only)
Reg.						Daimburgament unto in datam	win ad by
Contingency Spec. Ed. Contin.						Reimbursement rate is determ 20-10-142, MCA.	nined by
opec. Lu. Contin.							
Agreement betweer	n parent (parei	nt name)			, and school distr	ict (district name)	,
(county name) The parties agree as follow	NG.			County, hereinaf	ter referred to as the Dis	strict(s).	
 The parent shall tra 	ansport or provide t				or bus stop on the days when s on for the distance reported on t	chool is in session. The parent or guard he contract actually occurs.	lian assures that a licensed and
 In March and June transported for the 	, the District shall p past semester.	pay the parent th	e sum officially a	approved in the applica	ation upon certification by the tea	acher or principal of the school of the nu	mber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school	year or when the	student(s) is no longe	42, MCA, and the information a er enrolled in school, whichever		I.S.
Elementary School Montana City Elem	District	Chair, Boa	ard of Truste	ees			Date
High School District		Chair, Boa	ard of Truste	es			Date
		<u> </u>	I attes	t that the above	information is true and o	orrect.	
Signature - Parent or	Guardian					Date	

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena MT, 50620-2501

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Oue to School Clerk June 1 Contract #

Helena,	MT 59620-2	501		D	ue to Scho	ol Clerk June 1			
Elementary District Respon	nsible for Reim	bursing the	Contract			County	•	Legal Entity	
Montana City Elem	,					Jefferson		0460	
High School or K-12 District	t Responsible	for Reimbur	rsing the Cont	ract		County		Legal Entity	
Jefferson H S	·					Jefferson		0457	
Is this contract shared t ☐ yes ☐ no	between elen	nentary an	d high schoo	ol?					
Are you applying for isc (If yes, please attach ex	xplanation)		□ No		Stud	lent Name	School		Grade
ISOLATION: Section 20- rates for special circumstal increased rates, individual trustees of the district, the Public Instruction. (10.7.11	nces of isolation circumstances county transport	on of residen must be revortation comi	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	lent Name	School		Grade
Check here only if increase District Trustees and the C	ed payment du	e to isolatior	n has been ap	proved by the	Stud	lent Name	School		Grade
Elem District Approval HS District Approval		Init no no	tials			lent Name	School OR:		Grade
Parent or Guardian Nar	me: (Please I	Print)				des 1-12 st Semester Only	□ 2nd Semester Only	□ Both Semes	ters
Barbara Kamerzel						,	í		10.0
Physical Address (stree	et address on	nly):				kindergarten/Kinderg st Semester Only	garten □ 2nd Semester Only	□ Both Semes	ters
						•	·		
☐ Contract is for one-N	HS 0 nearest bus HS 4 way only	stop, if any	(one way)	s contract.	Kind by the To do Kind To do To do Dea	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, s without other school times per day, times per day,	days per days per bl-age students: days per	r week r week r week
	-	Total	Total	Total	CLE	RKS: Send original	to County Supt by July	1, retain a copy fo	r your
Regular Trans					files				
Spec. Ed. Trans						JNTY SUPERINTEN for your files.	IDENTS: Send original	to OPI by July 10,	retain a
Room & Board						RE	IMBURSEMENT RA	TE	
Correspondence						(For distr	rict, county and OPI u	use only)	
Reg.									
Contingency						Reimbu	ursement rate is determine	ined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between pa	rent (parent	name)			, and	d school district (distr	ict name)		,
(aquatu nama)				County horoing	ofter referred	to an the District(s)			
(county name) The parties agree as follows:				•		to as the District(s).			
insured driver will transp	port the students.	. Mileage conf	tracts are valid o	only when transporta	ation for the dista	nce reported on the contrac			
transported for the past	semester.	·	•		•		incipal of the school of the num	nber of days the student(s	3) was
						the information accompany thool, whichever occurs first			
Elementary School Dist	trict	Chair, Boa	rd of Truste	es	· <u> </u>			Date	
Montana City Elem High School District		Chair, Boa	rd of Truste	es				Date	
Jefferson H S									
			I attest	that the above	e information	is true and correct.			
Signature - Parent or Gua	ardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		D	ue to School	Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		(County	•	Legal Entity	
Montana City El	em				,	Jefferson		0460	
High School or K-12 Di	strict Responsib	le for Reimbu	rsing the Cont	ract	(County		Legal Entity	
Jefferson H S					,	Jefferson		0457	
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?					
Are you applying for (If yes, please attach			□ No		Stude	nt Name	School		Grade
ISOLATION: Section 2 rates for special circum	20-10-142, MCA	, provides for			1				
increased rates, individ trustees of the district, t	ual circumstand the county trans	es must be re portation com	viewed and apmittee, and the	proved by the	Stude	nt Name	School		Grade
Public Instruction. (10.7	·	, and the second	,		Stude	nt Name	School		Grade
Check here only if incre District Trustees and th		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stude	nt Name	School		Grade
HS District Approval County Approval		no no				CONTRACT IS FO	DR:		
Parent or Guardian I	Name: (Please	e Print)				s 1-12 Semester Only	□ 2nd Semester Only	y 🗆 Both Se	emesters
Kristin Staley					Pro_ki	ndergarten/Kinder	narten		
Physical Address (st	reet address	only):					☐ 2nd Semester Only	y 🗆 Both Se	mesters
							KINDERGARTEN:		
Distance from home	to nearest sc	hool (one wa	ay)		by thi	s contract:	es <u>with</u> other school-a	_	
Elementary 0	HS 4.3				To or	from Bus Stop	times per day, _ times per day, _	day	s per week
Distance from home Elementary 0	to nearest bu	s stop, if any	y (one way)		Kinde To or	rgarten child ride from Bus Stop	es <u>without</u> other schoo times per day, _	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or	from School	times per day, _	day	s per week
Students in Each Grade Le	vel - Only include	the students to b	e covered by thi	is contract.		dlines: NTS: Due to Scho	ool Clark June 1		
	Pre-K	K	1-8	9-12					_
	Total	Total	Total	Total	files.	KS: Send original	I to County Supt by July	y 1, retain a co	py for your
Regular Trans					COUN	ITY SUPERINTEN	IDENTS: Send original	l to OPI by Jul	v 10. retain a
Spec. Ed. Trans					copy for your files.				
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Doimbi	uraamant rata ia datare	ainad by	
Contingency Spec. Ed. Contin.						Reimbi	ursement rate is determ 20-10-142, MCA.	illied by	
opec. Lu. Contin.									
Agreement between	parent (parer	nt name)			, and s	school district (distr	rict name)		·,
(county name) The parties agree as follow	0.			County, hereina	after referred to	as the District(s).			
 The parent shall train 	nsport or provide t					e days when school is in e reported on the contrac	session. The parent or guardi	ian assures that a li	censed and
	the District shall p						rincipal of the school of the nun	mber of days the stu	ıdent(s) was
The payment shall I This contract shall t	oe computed on the erminate at the en	e basis of the so	hedule establishear or when the	ned in Section 20-10- student(s) is no long	-142, MCA, and the ger enrolled in scho	e information accompany ol, whichever occurs firs	ring this contract. et.		
Elementary School I Montana City Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
Jefferson H S		<u> </u>	Lattes	t that the above	information is	true and correct.			
Signature - Parent or	Guardian		i alles	נ נוומנ נווכ מטטעפ	, information is	and Contect.	Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Oue to School Clerk June 1 Contract #

Helena, MT 5962	20-2501		Due to Scho	ol Clerk June 1		
Elementary District Responsible for F	Reimbursing the Co	ntract		County	•	Legal Entity
Montana City Elem				Jefferson		0460
High School or K-12 District Respons	sible for Reimbursir	g the Contract		County		Legal Entity
Jefferson H S				Jefferson		0457
Is this contract shared between □ yes □ no	elementary and h	nigh school?				
Are you applying for isolation sta (If yes, please attach explanation	n)	□ No		dent Name	School	Grade
ISOLATION: Section 20-10-142, MC rates for special circumstances of isc increased rates, individual circumsta trustees of the district, the county tra Public Instruction. (10.7.116 ARM pr	plation of residence nces must be revie- nsportation commit	In order to rece wed and approve tee, and the Office	eive Stud	dent Name	School	Grade
Check here only if increased paymer District Trustees and the County Trai	nt due to isolation h	as been approve	Studed by the	dent Name	School	Grade
Elem District Approval yes HS District Approval yes County Approval yes	Initial no no no no			dent Name S CONTRACT IS FO	School DR:	Grade
Parent or Guardian Name: (Plea	ise Print)			des 1-12 Ist Semester Only	 □ 2nd Semester Only	☐ Both Semesters
Patti Gluechert			Dro	kindergerten/Kinder	, aartan	
Physical Address (street addres	s only):			-kindergarten/Kinderg Lst Semester Only	garten	☐ Both Semesters
Distance from home to nearest selementary 0 HS 4 Distance from home to nearest selementary 0 HS 0 Contract is for one-way only students in Each Grade Level - Only included Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	ous stop, if any (d	one way) overed by this control 1-8	ract. De PAI files	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files. RENTS: R	times per day, tool Clerk June 1.	use only)
Spec. Ed. Contin.					20-10-142, MCA.	
Agreement between parent (par (county name) The parties agree as follows: 1. The parent shall transport or provide insured driver will transport the study and transported for the past semester. 3. The payment shall be computed on the past semester. 4. This contract shall terminate at the	e transportation for the lents. Mileage contrac I pay the parent the su the basis of the sched	student(s) to and f ts are valid only wh m officially approve lule established in S	ty, hereinafter referred from the school or bus stop or ten transportation for the dista- ted in the application upon cert Section 20-10-142, MCA, and	n the days when school is in ance reported on the contractification by the teacher or put the information accompany	session. The parent or guardia tactually occurs. rincipal of the school of the num	
Elementary School District	Chair, Board		into) is no longer enfolied III S	Gricor, writeriever Occurs IIIS	м.	Date
Montana City Elem High School District Jefferson H S	Chair, Board	of Trustees				Date
55515511115		I attest that	the above information	is true and correct.		<u> </u>
Signature - Parent or Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract		(County	1	Legal Entity
Montana City El	em					Jefferson		0460
High School or K-12 Di	strict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Jefferson H S						Jefferson		0457
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for (If yes, please attach			□ No		Stude	nt Name	School	Grade
ISOLATION: Section 2	20-10-142, MCA	, provides for						
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	lual circumstand the county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stude	nt Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School	Grade
Elem District Approval			itials		Stude	nt Name	School	Grade
HS District Approval County Approval	,	□ no □ no			THIS	CONTRACT IS FO	<u>R:</u>	
Parent or Guardian					Grade	s 1-12	 □ 2nd Semester Only	□ Both Semesters
Patty Kautz						,	,	both Jemesters
Physical Address (st	treet address	only):				ndergarten/Kinderg Semester Only	arten □ 2nd Semester Only	□ Both Semesters
						ERGARTEN/PREK	·	
Distance from home Elementary 0 Distance from home Elementary 0	HS 3.5	`	• /		Kinde by thi To or To or Kinde	rgarten child ride s contract: from Bus Stop from School rgarten child ride	s <u>with</u> other school-ag times per day, times per day, s <u>without</u> other schoo	days per week da
•					To or	from Bus Stop from School	times per day, times per day,	days per week days per week
☐ Contract is for or	, ,	M				dlines:		. ,
Students in Each Grade Le						NTS: Due to Scho	ol Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER files.	KS: Send original	to County Supt by July	1, retain a copy for your
Regular Trans						ITY CUREDINITEN	DENTS: Cond original	to ODI but hely 40, matein a
Spec. Ed. Trans						or your files.	DENIS: Send original	to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For distr	ict, county and ΟΡΙ ι	use only)
Reg.						5 · -		
Contingency						Reimbl	rsement rate is determined 20-10-142, MCA.	ned by
Spec. Ed. Contin.								
Agreement between	parent (parer	nt name)			, and s	school district (distr	ct name)	,
(county name)				County, hereinaf	ter referred to	as the District(s).		
	nsport or provide t						session. The parent or guardia	n assures that a licensed and
	the District shall p					e reported on the contract ation by the teacher or pr	ncipal of the school of the num	ber of days the student(s) was
The payment shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10-1	142, MCA, and the	e information accompanyi	ng this contract.	
Elementary School I			ard of Truste		22.00 #1 0010	,		Date
Montana City Elem High School District		Chair, Boa	ard of Truste	es				Date
Jefferson H S			1 11	4.414.41	to farmer 11 1	torre and i		
Signaturo Barant a-	Guardian		ı attes	t that the above	intormation is	true and correct.	Date	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Du	e to School Clerk	June 1	
Elementary District Re	sponsible for Re	imbursing the	Contract		County	•	Legal Entity
Montana City El	em				Jeffers	son	0460
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Jefferson H S					Jeffers	son	0457
ls this contract share □ yes □ no	ed between el	ementary ar	nd high scho	ol?			
Are you applying for			□ No		Student Nam	e School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for					
rates for special circum increased rates, individ					Student Nam	e School	Grade
trustees of the district, Public Instruction. (10.)				e Office of			
Check here only if incre District Trustees and the				oproved by the	Student Nam	e School	Grade
Elem District Approval	□ ves	In ⊒ no	itials		Student Nam	e School	Grade
HS District Approval County Approval	□ yes □	□ no			THIS CONTR	RACT IS FOR:	
Parent or Guardian					Grades 1-12		Deth Organisation
		,			☐ 1st Semes	eter Only	nly □ Both Semesters
Rebecca Johns Physical Address (s		only):				rten/Kindergarten ster Only □ 2nd Semester Or	nly □ Both Semesters
					KINDEDGAD	TEN/PREKINDERGARTEN:	
Distance from home	to pograet ea	hool (one w	21/)		Kindergarter	n child rides with other school	age students also covered
Elementary 0	HS 5.2	noor (one w	ay)		by this contr To or from Bu	r act: us Stop times per day,	days per week
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kindergarter	is Stoptimes per day, chooltimes per day, child rides without other sch is Stoptimes per day,	ool-age students:
□ Contract is for o	ne-wav only				To or from So	chool times per day,	days per week
Students in Each Grade Le	evel - Only include	the students to	oe covered by th	is contract.	<u>Deadlines</u>		
	Pre-K	K	1-8	9-12	PARENTS: [Due to School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Se	end original to County Supt by Ju	uly 1, retain a copy for your
Regular Trans						PERINTENDENTS: Send origin	nal to OPI by July 10, retain a
Spec. Ed. Trans					copy for your	files.	
Room & Board						REIMBURSEMENT F	
Correspondence						(FOI district, county and OF	riuse only)
Reg. Contingency						Reimbursement rate is dete	rmined by
Spec. Ed. Contin.						20-10-142, MCA.	,
					_		
Agreement betweer	parent (parer	nt name)			, and school o	listrict (district name)	
(county name)				County, hereinaf	ter referred to as the	District(s).	
	insport or provide t					nen school is in session. The parent or gual on the contract actually occurs.	rdian assures that a licensed and
	the District shall p					te teacher or principal of the school of the r	number of days the student(s) was
The payment shall	be computed on th	e basis of the sid of the school	chedule establish	hed in Section 20-10-1 student(s) is no longe	42, MCA, and the informati	on accompanying this contract.	
Elementary School			ard of Truste		,		Date
Montana City Elem High School District		Chair, Boa	ard of Truste	es			Date
Jefferson H S							
Signature - Parent or	Guardian		ı attes	t that the above	nformation is true ar	Date	
orginature - Parent Of	-uai uiaii					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract		(County	1	Legal Entity
Montana City El	em					Jefferson		0460
High School or K-12 Di	strict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Jefferson H S						Jefferson		0457
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for (If yes, please attach			□ No		Stude	nt Name	School	Grade
ISOLATION: Section 2	20-10-142, MCA	, provides for						
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	ual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stude	nt Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School	Grade
Elem District Approval	-		itials		Stude	nt Name	School	Grade
HS District Approval County Approval	□ yes □	no			THIS	CONTRACT IS FO	R·	
Parent or Guardian					Grade	s 1-12		□ D-#-0
	`	,			□ 1st	Semester Only	□ 2nd Semester Only	☐ Both Semesters
Susan Weinert Physical Address (st	reet address	only):				ndergarten/Kinderg Semester Only	jarten □ 2nd Semester Only	□ Both Semesters
						ERGARTEN/PREK	·	
Distance from home Elementary 0 Distance from home	HS 0	`			Kinde by thi To or t To or t	rgarten child ride s contract: from Bus Stop from School	s <u>with</u> other school-ag	days per week days per week
	HS 7.3		, (, ,		To or t	from Bus Stop	times per day,	days per week
□ Contract is for or	ne-way only						times per day,	days per week
Students in Each Grade Le	vel - Only include	the students to I	be covered by thi	is contract.		dlines: NTS: Due to Scho	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total				1, retain a copy for your
Regular Trans						ITV CURERINTEN	DENTS: Cand animinal	to ODI but July 40 matein a
Spec. Ed. Trans						or your files.	DENTS: Send onginal	to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For distr	ict, county and OPI ι	use only)
Reg.						- · ·		
Contingency						Reimbu	rsement rate is determing 20-10-142, MCA.	ined by
Spec. Ed. Contin.								
Agreement between	parent (parer	nt name)			, and s	school district (distr	ict name)	,
(county name)				County, hereinaf	ter referred to	as the District(s).		
	nsport or provide t					e days when school is in e reported on the contrac	session. The parent or guardia	an assures that a licensed and
	the District shall p						incipal of the school of the num	ber of days the student(s) was
The payment shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10-1 student(s) is no longe	142, MCA, and the er enrolled in scho	e information accompanyi	ng this contract.	
Elementary School I Montana City Elem			ard of Truste					Date
High School District		Chair, Boa	ard of Truste	es				Date
Jefferson H S			Lattos	t that the above	information is	true and correct.		
Signature - Parent or	Guardian		i alles	נ נוומנ נוופ מטטעפ	inionnation is	The and Correct.	Date	

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena MT, 50620-2501

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

Helena, N	ИТ 59620-25	01			ue to Scho	ol Clerk June 1			
Elementary District Respon	sible for Reimb	ursing the	Contract			County	_	Legal Entity	
Montana City Elem						Jefferson		0460	
High School or K-12 District	t Responsible fo	or Reimbur	sing the Cont	ract		County		Legal Entity	-
Jefferson H S						Jefferson		0457	
Is this contract shared b □ yes □ no	etween elem	entary and	d high school	ol?					
Are you applying for isol (If yes, please attach ex	planation)		□ No		Stud	dent Name	School	(Grade
ISOLATION: Section 20-11 rates for special circumstan increased rates, individual of trustees of the district, the computer public Instruction. (10.7.116)	ices of isolation circumstances r county transport	of residene must be revitation comm	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	dent Name	School	(Grade
Check here only if increase District Trustees and the Co	d payment due	to isolation	n has been ap	proved by the	Stud	dent Name	School	(Grade
Elem District Approval HS District Approval		Init	ials			dent Name	School	(Grade
Parent or Guardian Nam	ne: (Please P	rint)				des 1-12 st Semester Only	□ 2nd Semester Only	□ Both Semeste	ers
William C. Klepzig						•	•	_ Down Connock	,,,
Physical Address (stree	t address only	y):				kindergarten/Kinderg st Semester Only	garten □ 2nd Semester Only	□ Both Semeste	ers
						DERGARTEN/PREK	·		
Distance from home to r	HS 5.8 nearest bus si S 0 vay only	top, if any	(one way)	s contract.	Kind by t To c To c Kind To c To c	dergarten child ride his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	s <u>with</u> other school-age times per day, times per day, s <u>without</u> other school times per day, times per day,	days per day	week week week
	Pre-K	K	1-8	9-12					
-	Total T	Total	Total	Total	CLE files		to County Supt by July	1, retain a copy for	your
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans					copy	for your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						(i oi disti	iot, county and or re	asc orny)	
Reg. Contingency						Reimbu	ursement rate is determ 20-10-142, MCA.	ined by	
Spec. Ed. Contin.							20 10 112, 1110/1.		
Agreement between par	ent (parent n	ame)			, and	d school district (distr	ict name)		,
(county name)			(County, herein	after referred	to as the District(s).			
The parties agree as follows: 1. The parent shall transpo	rt or provide trans	portation for	the student(s) to	o and from the scho	ool or bus stop on	the days when school is in	session. The parent or guardia	an assures that a licensed	and
insured driver will transp	ort the students.	Mileage cont	racts are valid of	only when transporta	ation for the dista	nce reported on the contract			
transported for the past	semester.	·	•		•	the information accompany	·	, , , ,	
	nate at the end of	the school ye		student(s) is no lon		chool, whichever occurs first		Date	
Montana City Elem		,							
High School District Jefferson H S	C	chair, Boa	rd of Truste	es				Date	
	I		I attes	t that the above	e information	is true and correct.			
Signature - Parent or Gua	rdian						Date		
*									

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

_				
Co	nt	ro	^ +	-

PO Bo	ox 202501 a, MT 59620			-	006 ne 1				
Elementary District Res	ponsible for Re	imbursing the	Contract		County		Legal Entity		
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Jefferson H S					Jefferso	n	0457		
Is this contract share □ yes □ no	d between el	ementary an	d high schoo	ol?					
Are you applying for (If yes, please attach	explanation)		□ No		Student Name	School	Grade		
ISOLATION: Section 2 rates for special circums increased rates, individu trustees of the district, tl Public Instruction. (10.7	stances of isola ual circumstanc he county trans	tion of resident es must be resportation com	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student Name	School	Grade		
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	CT IS FOR:			
Parent or Guardian N	Name: (Pleas	e Print)			☐ 1st Semester	Only 2nd Semester	Only Doth Semesters		
Carol Winter-Foo Physical Address (str		oulv).			Pre-kindergarter				
i ilysical Address (sti	reet address	orny).				Only 2nd Semester	,		
Distance from home Elementary 0 Distance from home Elementary 0	HS 8 to nearest bu HS 0	·			KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week				
☐ Contract is for on Students in Each Grade Lev	, ,	the students to b	e covered by thi	is contract.	Deadlines:				
Stadonio in Edon Grado Ed	Pre-K	K	1-8	9-12		e to School Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send files.	d original to County Supt by	y July 1, retain a copy for your		
Regular Trans							riginal to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your file				
Room & Board Correspondence					(REIMBURSEMEN For district, county and			
Reg. Contingency						Reimbursement rate is de	etermined by		
Spec. Ed. Contin.						20-10-142, MC			
Agreement between	parent (parer	nt name)			, and school dist	rict (district name)	,		
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	asport or provide to ansport the studer the District shall p ast semester. we computed on the	nts. Mileage con ay the parent the ne basis of the sc	the student(s) to tracts are valid of e sum officially a hedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-1	on for the distance reported on	school is in session. The parent or the contract actually occurs. eacher or principal of the school of t accompanying this contract.	guardian assures that a licensed and the number of days the student(s) was		
Elementary School D			rd of Truste				Date		
High School District Jefferson H S		Chair, Boa	rd of Truste	es		Date			
I attest that the above information is true and correct.									
Signature - Parent or Guardian Date									

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501	O1 Due to School Clerk June 1							
Elementary District Re	esponsible for Re	eimbursing the	Contract		(County	1	Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	sing the Con	tract	(County		Legal Entity		
Jefferson H S						lefferson		0457		
Is this contract shar	red between el	ementary an	d high scho	ol?						
□ yes□ noAre you applying fo	r isolation stat	us? □ Yes	□ No		041	4 N	School	Grade		
(If yes, please attaction is please attaction) (ISOLATION: Section rates for special circur	ch explanation) 20-10-142, MCA	A, provides for	increased rei	mbursement						
increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re-	viewed and a nittee, and th	oproved by the	Student Name School Grade					
Check here only if incomplished Trustees and t		sportation Com	mittee.	proved by the	Stude	nt Name	School	Grade		
Elem District Approval HS District Approval		□ no	ials 		Stude	nt Name	School	Grade		
County Approval	□ yes	□ no				CONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)				Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Mike H. Foley Physical Address (s	street address	only):			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
						•	KINDERGARTEN:	•		
Distance from home to nearest school (one way) Elementary 0 HS 0						rgarten child rides contract:	es <u>with</u> other school-a	days per week days per week days per week		
Distance from home Elementary 0	e to nearest bu HS 9	ıs stop, if any	(one way)		Kinde To or f	rgarten child riderom Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week days per week		
□ Contract is for o							amoo por day, _	aayo por mook		
Students in Each Grade L			•			llines: NTS : Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER files.	KS: Send origina	I to County Supt by Jul	y 1, retain a copy for your		
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a					
Spec. Ed. Trans					copy to	or your files.				
Room & Board Correspondence					REIMBURSEMENT RATE (For district, county and OPI use only)					
Reg.										
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							,			
Agreement between	n parent (pare	nt name)			, and s	chool district (dist	rict name)	,		
(county name)	wic.			County, hereinaft	ter referred to	as the District(s)				
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.										
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.										
 This contract shall 	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		ol, whichever occurs fire		Data		
Elementary School District Chair, Board of Trustees High School District Chair, Board of Trustees						Date Date				
Jefferson H S	Oriali, Boa					Date				
I attest that the above information is true and correct.										
Signature - Parent or	r Guardian						Date			